

INDUSTRIES, HOMES AND RELATED FACILITIES fact book

U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE PUBLIC HEALTH SERVICE

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Nursing Homes **AND Related Facilities** *fact book*

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE . Public Health Service
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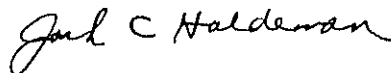
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FOREWORD

This Fact Book has been compiled in response to a large volume of requests for source data concerning nursing homes and related facilities, with special emphasis on skilled nursing care homes. In addition to highlight data on the number and characteristics of existing facilities, it contains statistics and other background information on the characteristics of nursing home patients, national consumer expenditures for care, State licensure programs, construction programs, noninstitutional services available to the chronically ill and aged, and personnel training programs. While some data may appear slightly outdated, they still reflect the overall current situation.

As a further aid to users of this document, selected basic data relating to population, socioeconomic characteristics of the aged, and their utilization of health services are presented. In addition, a summary of selected highlights, an alphabetical index, and a brief list of references are included.



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SUMMARY

Steadily mounting concern is expressed by groups and individuals throughout the country regarding the availability of facilities to care for the chronically ill and aging. Particular interest centers on nursing homes and related types of facilities. Repeated inquiries are made as to:

- How many nursing homes are there?
- How many people can they accommodate?
- How many nursing homes are affiliated with hospitals?
- How much does it cost to provide care?
- What kind of patients do they serve?
- What help is available for building new facilities?
- What programs help to care for the elderly?

The material in this report includes basic facts to help answer these and related questions. Effort has been made to present the most current data available. In a number of instances, where up-to-date material is lacking, the findings of some older studies are included to illustrate the range or extent of a problem. Recourse has been made to information from State or local studies where national data are not available.

The number of elderly in the United States is increasing at a rate of more than 1,000 a day. Thus the problems centered on this segment of the population continue to mount. In 1962, persons aged 65 and older totaled more than 17 million--a five-fold increase since the turn of the century. Over 600,000 were in some type of institution at the time of the 1960 Census, and of those not institutionalized, about half were living alone or with nonrelatives.

Many of the elderly have low incomes, particularly those living alone or with other than family members. The resources they have may be strained by higher-than-average medical care costs. As age increases, the impact of chronic illness becomes more severe. More than $2\frac{1}{2}$ times the days of disability are reported for older persons than for those under 65. The elderly are hospitalized more often and have a longer hospital stay than persons in younger age groups. Yet fewer persons aged 65 and older have any portion of their hospital bill paid by insurance than younger persons and, for those who are insured, the insurance pays a smaller proportion of the hospital bill.

Some 23,000 nonhospital facilities with a resident capacity for 592,800 persons are providing nursing or supporting services to chronically ill and aging persons. Approximately 9,700 of these "homes" have as their major

purpose the provision of skilled nursing care. These facilities have 338,700 beds--nearly double the number available in 1954. In brief, skilled nursing care homes are generally small, averaging about 25 beds, and are usually more than 80 percent occupied. The majority are under proprietary ownership. In about 9 out of 10 skilled nursing care homes, the nursing staffs are composed of full-time registered professional nurses or licensed practical nurses, or both.

Although detailed information on nursing home-hospital affiliation is not available, the results of a 1962 mail survey indicate that less than 500 hospitals maintain a nursing home unit for patients requiring nursing care but not the full range of hospital services. The extent of formal hospital affiliation with independently operated nursing homes is not known.

Only scattered information is available on nursing home costs and charges for care. Few of the State or local surveys providing such data are for a current period of time. However, surveys do indicate a wide range in costs, caused by variations in staffing patterns, type of patient, level of service provided, and location. According to a 13-State survey (now nearly 10 years old), monthly charges increase with the size of facility and with the severity of the patient's condition.

Information on the characteristics of nursing home patients also is scattered and not always current. If results from various studies can be combined, it appears that the very elderly predominate among nursing home patients; the majority have some heart or circulatory difficulty; a sizeable proportion are unable to walk alone; their length of stay well exceeds a year; the service needed varies widely--from little more than boarding care for some to skilled nursing care for others.

Public assistance funds aid in the payment of care for many nursing home patients. Nursing home care is one of the medical services for which there is Federal sharing in State expenditures for public assistance programs under the Social Security Act. In the program of Medical Assistance for the Aged (Kerr-Mills), the costs of care are met entirely through payments to the suppliers (or vendors) of goods and services. Between fiscal years 1961 and 1962, the number of States making payments under this program increased from 10 to 27. Of \$194.8 million in vendor payments for care of recipients of Medical Assistance for the Aged during fiscal year 1962, \$92.6 million represented payments for nursing home care. Such payments per recipient averaged \$101.66 per month, with a wide range in payments among the States.

In the Old-Age Assistance program, costs of medical care may be met by money payments to recipients, by direct payments to the suppliers of care, or by a combination of the two methods. In fiscal year 1962, vendor payments for medical care of Old-Age Assistance recipients totaled \$350.7 million. Identified payments for nursing home care represented one-third of this amount. Of 14 States not reporting vendor payments for nursing home care, virtually all provided for some such care through money payments to recipients.

Financial aid in the construction of nursing home facilities is provided through several Federal programs. The Hospital and Medical Facilities Construction program (Hill-Burton), in the Public Health Service, provides grants to States to assist in constructing and equipping public and other nonprofit hospitals and related health facilities, including nursing homes. The Community Health Services and Facilities Act of 1961, among other provisions designed to stimulate out-of-hospital services to the chronically ill and aged, increased the authorization for Hill-Burton grants for nursing home construction from \$10 million to \$20 million annually.

Through the Small Business Administration, commercial loans are provided to privately owned hospitals, convalescent and nursing homes, and medical and dental laboratories for construction of new facilities or expansion of existing facilities. Mortgage insurance to facilitate the construction or

rehabilitation of qualified proprietary nursing homes is provided by the Federal Housing Administration in the Housing and Home Finance Agency. Under the Area Redevelopment Administration program in the Department of Commerce, loans are made available to qualified commercial facilities, including privately owned nursing homes, in redevelopment areas, provided funds are not available from the Federal Housing Administration or the Small Business Administration.

Several programs are directed toward nursing care of the sick and disabled in their homes. Official and voluntary groups, especially visiting nurse associations, provide home nursing care in 70 percent of the cities with populations of 25,000 or more. Homemaker programs have extended into 40 States, the District of Columbia, and Puerto Rico. In general, eligibility for homemaker services is limited to low-income families with children, and to aged, chronically ill, or disabled persons. Coordinated home care programs, although slow in development, are now serving 33 cities throughout the country.

Training programs for nursing home personnel are becoming available in increasing numbers. These may be under the auspices of official governmental agencies, voluntary agencies, or in some instances academic institutions. The availability of such programs varies from area to area throughout the country, and training is frequently offered to meet an immediate local need.

I Nursing Homes and Related Facilities

PHS INVENTORY DEFINITIONS

TYPE OF CARE

SKILLED NURSING CARE -- Provides, in addition to room and board, those nursing services and procedures employed in caring for the sick which require training, judgment, technical knowledge, and skills beyond those which the untrained person possesses. It involves administering medications and carrying out procedures in accordance with the orders, instructions, and prescriptions of the attending physician or surgeon.

PERSONAL CARE -- Provides, in addition to room and board, personal services such as help in walking and getting in and out of bed; assistance with bathing, dressing, and feeding; preparation of a special diet; and supervision over medications which can be self-administered.

RESIDENTIAL CARE -- Provides primarily room and board with limited services such as laundry, personal courtesies such as occasional help with correspondence or shopping, and a helping-hand short of routine provision of "personal care" described above.

TYPE OF HOME

SKILLED NURSING HOME -- Provides "skilled nursing care" as its primary and predominant function.

PERSONAL CARE HOME, with skilled nursing -- Provides some "skilled nursing care" but only as an adjunct to its primarily domiciliary or "personal care" function.

PERSONAL CARE HOME, without skilled nursing -- Provides "personal care" with no "skilled nursing care."

RESIDENTIAL CARE HOME, with skilled nursing -- Provides some "skilled nursing care" but only as an adjunct to its primarily "residential" or "sheltered care" function.

RESIDENTIAL CARE HOME, without skilled nursing -- Provides "residential" or "sheltered" care with no "skilled nursing care."

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities. 1961 National Inventory of Nursing Homes and Related Facilities. (In process).

NONHOSPITAL FACILITIES in the United States and Possessions which provide nursing or supportive services to chronically ill and aging persons total 23,000, or 2,000 less than that estimated in a Public Health Service 1954 inventory. These include nursing and convalescent homes, homes for the aged, rest homes, personal care homes, and boarding homes for the aged, as defined and classified by the various States, generally for licensure purposes.

Despite a drop in number of facilities, the resident capacity now totals 592,800, a 32 percent increase over 1954's total of 450,000 beds.

NATIONAL ESTIMATES OF NURSING HOMES AND RELATED FACILITIES,
BY KIND OF FACILITY, 1961

<u>Kind of facility</u>	<u>Facilities</u>		<u>Beds</u>		<u>Per 1,000 pop. aged 65 & over</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Total	<u>23,000</u>	<u>100.0</u>	<u>592,800</u>	<u>100.0</u>	<u>35.5</u>
Nursing or convalescent homes	11,600	50.4	369,300	62.3	22.1
Other facilities for the aged <u>1/</u>	11,400	49.6	223,500	37.7	13.4

1/ Includes homes for the aged, county homes, care homes, rest homes, and other similar facilities for the aged.

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities. 1961 National Inventory of Nursing Homes and Related Facilities. (In process).

SKILLED NURSING CARE is the primary function of 9,700 "homes"-- 42 percent of the 23,000 nursing homes and related facilities in the United States. Beds in these facilities (338,700) account for 57 percent of the total beds in all kinds of nonhospital facilities for the chronically ill and aged.

Total beds in skilled nursing homes nearly doubled between 1954 and 1961. Practically all of these beds -- 99.6 percent -- were reported as assigned to skilled nursing services. Infirmaries of facilities having personal or residential care as the primary purpose account for an additional 24,900 skilled nursing beds, bringing the total of such beds to 362,000.

NATIONAL ESTIMATES OF NURSING HOMES AND RELATED FACILITIES,
BY PRIMARY TYPE OF CARE PROVIDED, 1961

<u>Primary type of care 1/</u>	<u>Facilities</u>	<u>Number of</u>	
		<u>Total</u>	<u>Beds</u> <u>Skilled nursing</u>
Total	<u>23,000</u>	<u>592,800</u>	<u>362,200</u>
<u>Skilled nursing care</u>	<u>9,700</u>	<u>338,700</u>	<u>337,300</u>
<u>Personal care, total</u>	<u>11,100</u>	<u>207,100</u>	<u>21,500</u>
With skilled nursing	1,400	83,100	21,500
Without skilled nursing ...	9,700	124,000	0
<u>Residential care, total</u>	<u>2,200</u>	<u>47,000</u>	<u>3,400</u>
With skilled nursing	200	12,400	3,400
Without skilled nursing ...	2,000	34,600	0

1/ Represents the type of care provided to a majority of the residents.

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities. 1961 National Inventory of Nursing Homes and Related Facilities. (In process).

THE OVERWHELMING MAJORITY of the skilled nursing care beds -- 315,498 beds (or 90 percent) -- are in facilities classified by the States as nursing or convalescent homes. The remaining 37,000 beds are in homes for the aged, boarding homes, and rest homes, as defined and classified by the various States, generally for licensure purposes.

NOTE: The counts of beds reported differ somewhat from the national estimates shown on the preceding page since adjustments were made for a relatively small number of incomplete State reports.

SKILLED NURSING CARE BEDS, BY KIND OF FACILITY, BY STATE, 1961

(See pp. 10-13)

SOURCE: U.S. Department of Health, Education, and Welfare; Public Health Service, Division of Hospital and Medical Facilities. 1961 National Inventory of Nursing Homes and Related Facilities. (In process).

SKILLED NURSING CARE BEDS, BY KIND OF FACILITY, BY STATE, 1961

<u>State</u>	<u>Total beds</u>	<u>Skilled nursing care beds reported in --</u>			
		<u>Nursing or con- valescent homes</u>	<u>Homes for aged</u>	<u>Boarding homes</u>	<u>Rest homes</u>
Total	<u>352,380</u>	<u>315,498</u>	<u>32,947</u>	<u>1,141</u>	<u>2,794</u>
Alabama	1,171	1,171	-	-	-
Alaska	80	80	-	-	-
Arizona	591	591	-	-	-
Arkansas	3,573	3,573	-	-	-
California	24,959	24,836	123	-	-
Colorado	5,168	5,138	30	-	-
Connecticut	7,956	7,719	237	-	-
Delaware	378	333	45	-	-
Dist. of Col	1,019	715	280	-	24
Florida	7,867	7,867	-	-	-
Georgia	1,825	1,811	14	-	-
Hawaii	559	556	3	-	-
Idaho	1,746	1,716	-	30	-
Illinois	24,734	22,554	-	-	2,180
Indiana	9,779	9,106	673	-	-

SKILLED NURSING CARE BEDS, BY KIND OF FACILITY, BY STATE, 1961 (Cont)

<u>State</u>	<u>Total beds</u>	<u>Skilled nursing care beds reported in --</u>			
		<u>Nursing or con- valescent homes</u>	<u>Homes for aged</u>	<u>Boarding homes</u>	<u>Rest homes</u>
Iowa	9,476	8,854	622	-	-
Kansas	1,171	773	398	-	-
Kentucky	2,830	2,240	-	-	590
Louisiana	4,419	4,419	-	-	-
Maine	2,957	2,931	-	26	-
Maryland	5,499	5,041	458	-	-
Massachusetts	23,200	23,046	154	-	-
Michigan	12,124	11,205	919	-	-
Minnesota	12,383	12,095	-	288	-
Mississippi	2,013	1,957	56	-	-
Missouri	15,801	15,801	-	-	-
Montana	1,112	781	331	-	-
Nebraska	2,944	2,944	-	-	-
Nevada	465	465	-	-	-
New Hampshire	3,274	3,236	38	-	-

FACILITIES
AVAILABLE

SKILLED NURSING CARE BEDS, BY KIND OF FACILITY, BY STATE, 1961 (Cont)

<u>State</u>	<u>Total beds</u>	<u>Skilled nursing care beds reported in --</u>			
		<u>Nursing or con- valescent homes</u>	<u>Homes for aged</u>	<u>Boarding homes</u>	<u>Rest homes</u>
New Jersey	10,031	8,899	1,132	-	-
New Mexico	618	618	-	-	-
New York	40,349	29,571	10,778	-	-
North Carolina	1,117	1,117	-	-	-
North Dakota	615	419	196	-	-
Ohio	22,400	21,752	-	648	-
Oklahoma	3,753	3,753	-	-	-
Oregon	6,625	6,457	168	-	-
Pennsylvania	22,594	6,934	15,660	-	-
Rhode Island	1,970	1,970	-	-	-
South Carolina	1,807	1,807	-	-	-
South Dakota	1,061	933	128	-	-
Tennessee	2,967	2,967	-	-	-
Texas	9,999	9,999	-	-	-
Utah	673	673	-	-	-

SKILLED NURSING CARE BEDS, BY KIND OF FACILITY, BY STATE, 1961 (Cont)

<u>State</u>	<u>Total beds</u>	<u>Skilled nursing care beds reported in --</u>			
		<u>Nursing or con- valescent homes</u>	<u>Homes for aged</u>	<u>Boarding homes</u>	<u>Rest homes</u>
Vermont	1,683	1,683	-	-	-
Virginia	4,697	4,672	25	-	-
Washington	13,964	13,815	-	149	-
West Virginia	1,738	1,346	392	-	-
Wisconsin	12,013	11,946	67	-	-
Wyoming	510	490	20	-	-
Guam	-	-	-	-	-
Puerto Rico	123	123	-	-	-
Virgin Islands	-	-	-	-	-

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities. 1961 National Inventory of Nursing Homes and Related Facilities. (In process).

SKILLED NURSING HOMES ARE LARGER than they were about a decade ago. In 1961, the average (median) size was approximately 25 beds as compared to 19 beds in 1954. The size range is wide, as was also found in the Public Health Service 1954 inventory, from small establishments of less than 10 beds to a few large facilities of 500 beds and over.

A grouping of skilled nursing homes according to ownership shows that publicly owned facilities are the largest with the average number of beds being 61. The smallest homes are under proprietary ownership, their average number of beds being 24. Homes affiliated with church groups had an average of 50 beds while other types of nonprofit homes had an average capacity of 39.

NOTE: The counts of skilled nursing care homes and beds reported differ somewhat from the national estimates shown earlier since adjustments were made for a relatively small number of incomplete State reports.

SKILLED NURSING CARE HOMES, 1961

<u>Ownership of facility</u>	<u>Number</u>		<u>Percent</u>		<u>Average size (Median)</u>
	<u>Homes</u>	<u>Beds</u>	<u>Homes</u>	<u>Beds</u>	
Total	<u>9,582</u>	<u>330,981</u>	<u>100.0</u>	<u>100.0</u>	<u>25</u>
Proprietary	8,297	236,845	86.6	71.6	24
Voluntary nonprofit	853	53,295	8.9	16.1	44
Church-related	438	28,740	4.6	8.7	50
Other nonprofit	415	24,555	4.3	7.4	39
Public	432	40,841	4.5	12.3	61
<u>Size of facility</u>					
Less than 10 beds	988	6,207	10.3	1.9	-
10 - 24	3,803	65,401	39.7	19.8	-
25 - 49	3,214	109,599	33.6	33.1	-
50 - 99	1,165	77,240	12.1	23.3	-
100 and over	412	72,534	4.3	21.9	-

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities. 1961 National Inventory of Nursing Homes and Related Facilities. (In process).

EIGHTY-SIX PERCENT of the beds in skilled nursing homes were occupied in 1961, according to the Public Health Service inventory. Although the occupancy rate for each of the categories of facilities averaged more than 80 percent, there was some variation in terms of the ownership of the facility.

OCCUPANCY OF NURSING HOMES AND RELATED FACILITIES,
BY PRIMARY TYPE OF CARE PROVIDED AND KIND OF FACILITY, 1961

<u>Category of facility</u>	<u>Occupancy rate by ownership</u>			
	<u>Total</u>	<u>Proprietary</u>	<u>Voluntary nonprofit</u>	<u>Public</u>
Total reporting	<u>85.6</u>	<u>85.2</u>	<u>86.8</u>	<u>84.9</u>
<u>Type of care provided 1/:</u>				
Skilled nursing care (SNC)	86.1	85.6	86.2	89.1
Personal care with SNC	84.3	83.1	86.1	79.4
Personal care without SNC	85.1	84.1	88.3	75.2
Residential care with SNC	87.6	87.1	89.4	79.2
Residential care w/out SNC	83.7	85.4	89.7	61.6
<u>Kind of facility:</u>				
Nursing homes	85.8	85.3	84.9	90.2
Homes for the aged	85.7	89.2	87.6	75.9
Boarding homes for the aged ...	81.9	78.1	90.4	89.8
Personal care or rest homes ...	85.8	79.9	89.2	-

1/ Represents the type of care provided to a majority of the residents.

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities, 1961 National Inventory of Nursing Homes and Related Facilities. (In process).

IN NEARLY 9 OUT OF 10 skilled nursing homes, the nursing staffs are composed of full-time registered professional nurses or licensed practical nurses, or both. The extent to which nursing staff is employed on a part-time basis was not reported. Of the 8,305 skilled nursing homes for which full-time nursing staff was reported, 21 percent have both full-time registered professional and licensed practical nurses; 34 percent have full-time registered professional nurses only; and 45 percent have full-time licensed practical nurses only.

NOTE: The counts of skilled nursing care homes and beds reported differ somewhat from the national estimates shown earlier since adjustments were made for a relatively small number of incomplete State reports.

FULL-TIME NURSING STAFF OF SKILLED NURSING CARE HOMES, 1961

<u>Full-time nursing staff reported</u>	<u>Homes</u>		<u>Beds</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Total reporting	<u>9,582</u>	<u>100.0</u>	<u>330,981</u>	<u>100.0</u>
Registered professional nurse only (RN) .	2,800	29.2	127,329	38.5
Registered professional nurse and licensed practical nurse (RN and LPN) .	1,760	18.4	78,785	23.8
Licensed practical nurse only (LPN)	3,745	39.1	95,106	28.7
Neither RN nor LPN reported	1,277	13.3	29,761	9.0

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities. 1961 National Inventory of Nursing Homes and Related Facilities. (In process).

A 1962 MAIL SURVEY of all hospitals in the United States, conducted by the National Center for Health Statistics, U.S. National Health Survey, indicates that 488 hospitals (provisional estimate) "maintain a nursing home unit for patients requiring nursing care but not the full range of hospital services."

With respect to the 46,850 beds available in these units, the question was phrased as follows: "Total number of beds regularly maintained for patients or residents. (Include any beds set up for use whether or not they are in use at the present time. Exclude beds used by staff or any beds used exclusively for emergency services.)"

HOSPITALS MAINTAINING NURSING HOME UNITS, 1962
(PROVISIONAL)

<u>Type of hospital</u>	<u>Number of nursing home units</u>	<u>Number of beds in nursing home units</u>
Total	<u>488</u>	<u>46,850</u>
Other than Veterans Administration .	469	30,892
Veterans Administration <u>1/</u>	19	15,958

1/ The service provided in the Veterans Administrations units is primarily domiciliary care rather than nursing care.

SOURCE: U.S. National Health Survey, National Center for Health Statistics. Unpublished data.

ABOUT ONE-HALF of the nursing homes with Hill-Burton project approval are directly administered by hospitals. In addition, a substantial number of the nonhospital administered homes undoubtedly have some type of hospital affiliation. For the most part, such affiliation constitutes an agreement between a hospital and nursing home for transfer of patients from one institution to another when the need arises.

ADMINISTRATION OF HILL-BURTON NURSING HOME PROJECTS, 1954-62

<u>Type of administration</u>	<u>Nursing homes</u>		<u>Beds added</u>		<u>Cost (000's)</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Total</u>	<u>Federal share</u>
Total	<u>379</u> ^{1/}	<u>100.0</u>	<u>21,325</u>	<u>100.0</u>	<u>\$231,348</u>	<u>\$75,779</u>
Hospital administered .	206	54.0	7,744	36.0	90,882	34,213
An integral part of general hospital ..	198	52.0	7,195	34.0	82,978	31,574
An integral part of other than general hospital	8	2.0	549	2.0	7,904	2,639
Nonhospital adminis- tered	<u>173</u>	<u>46.0</u>	<u>13,581</u>	<u>64.0</u>	<u>140,466</u>	<u>41,566</u>

^{1/} Represents an unduplicated count of facilities and thus differs slightly from the total number of nursing home projects approved under the Hill-Burton Program.

SOURCE: Derived from Hill-Burton project application data, Division of Hospital and Medical Facilities, U.S. Public Health Service.

ONE-HALF of the hospital-administered nursing homes having Hill-Burton project approval are under voluntary nonprofit auspices.

ADMINISTRATION OF HILL-BURTON NURSING HOME PROJECTS, 1954-62

<u>Type of ownership</u>	<u>Total nursing homes</u>	<u>Administered by</u>			<u>Nonhospital administered</u>
		<u>Total</u>	<u>General hospital</u>	<u>Other than general hospital</u>	
Total	<u>379 1/</u>	<u>206</u>	<u>198</u>	<u>8</u>	<u>173</u>
Voluntary nonprofit .	213	102	98	4	111
City	21	15	15	-	6
County	123	74	70	4	49
State	8	2	2	-	6
Special district	11	11	11	-	-
City-county	2	2	2	-	-
Voluntary nonprofit- county	1	-	-	-	1

1/ Represents an unduplicated count of facilities and thus differs slightly from the total number of nursing home projects approved under the Hill-Burton Program.

SOURCE: Derived from Hill-Burton project application data, Division of Hospital and Medical Facilities, U.S. Public Health Service.

HOSPITAL AFFILIATION

HOSPITAL-NURSING HOME AFFILIATION AGREEMENTS

In June 1960, the Nursing Home Branch, Division of Chronic Diseases, U.S. Public Health Service initiated studies in the area of hospital-nursing home affiliation. The purpose was to explore ways in which affiliations between hospitals and nursing homes could improve care in both types of institutions.

These studies in 9 States have indicated that nursing homes benefit from consultation by hospital personnel in the following areas:

Nutrition	Administration	Physical therapy
Medical records	Maintenance	Laboratory and X-ray
Housekeeping	Physician services	Nursing care

The studies also showed that the nursing homes were able to help hospitals in such areas as:

Handling of "bedsores"	Patient remotivation
Control of incontinent odors	Facility construction
Care of cataract patients	Handling of senility

It was the general consensus of the cooperating parties that both the nursing homes and the hospitals benefit through joint training of personnel, joint community efforts, and cross referral of patients.

FACILITIES PARTICIPATING IN U.S. PUBLIC HEALTH SERVICE STUDIES

Anniston Memorial Hospital with Anniston Nursing Home Inc., and
Stringfellow Memorial Chronic Disease Hospital, Anniston, Alabama

Hackley Hospital with DeBoer Nursing Home, Muskegon, Michigan

Mary Manning Memorial Hospital with Good Samaritan Village, Hastings, Nebraska

Memorial Hospital with Valley Vista Inc., Las Cruces, New Mexico

Memorial Hospital with Highland Nursing Home, Abilene, Kansas

Rockingham Memorial Hospital with Mennonite Nursing Home and
Presbyterian Manor, Harrisonburg, Virginia

Hillcrest Medical Center with Tulsa County Nursing Home, Tulsa, Oklahoma

Valley Hospital with Van Dyk Nursing Home, Ridgewood, New Jersey

Hunterdon Medical Center with Union Forge Nursing Home, Flemington,
New Jersey

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health
Service, Division of Chronic Diseases, Nursing Home Branch.

STATE AND LOCAL SURVEYS of nursing home facilities indicate a wide spread in operating costs per patient day. Factors influencing costs are staffing, size of facility, comprehensiveness of care provided, and economic status of area.

SELECTED NURSING HOME COSTS PER PATIENT DAY, 1957-62

<u>Cost per patient day</u>		<u>Source of data</u>	<u>Location</u>	<u>Date of data</u>
<u>Average</u>	<u>Range</u>			
	\$2.14 - 9.36	State study, 24 homes	Ga.	Mar. 1962
	2.53 - 9.74	State study, 27 homes	N. Mex.	1960
\$ 4.22	-	State study, 15 homes	Iowa	Aug. 1958
4.59	1.41 - 10.00	State study, 80 homes	Ohio	1958
4.79	2.28 - 13.32	State study, 49 skilled nursing homes	Pa.	1958-59
4.14	Class I)			
4.66	Class II)			
5.27	Class III)	State study, 173 homes	Wash.	1960
6.07	Class IV)			
7.05	-	Abraham Lincoln Mem. Hosp. Nursing Home	Ill.	1961
8.10	-	Sparks Mem. Hosp. Ger. Unit	Ark.	1958
8.09	5.57 - 9.67	FHS study, 9 homes	East. U.S.	1958
10.74	-	Saratoga Hosp. N. H.	N. Y.	1957
13.52	-	Jewish Hosp. Chr. Dis. Unit	Mo.	1957
13.85	-	Princeton Hosp. N.H.	N. J.	1958

SOURCE: Data compiled by Division of Hospital and Medical Facilities, Public Health Service, U. S. Department of Health, Education, and Welfare.

NURSING HOMES IN GEORGIA since January 1959 have voluntarily submitted reports of their monthly expenses to the Georgia Department of Health. Summaries of these data are compiled and published by the department monthly.

In the 24 homes reporting for the month of March 1962, costs ranged from \$2.14 to \$9.36 per patient day. The per diem costs were directly related to the level of care provided. In all types of homes, the costs of dietary and nursing service accounted for 45 to 55 percent of the total operating costs.

GEORGIA NURSING HOME COSTS, MARCH 1962

Department or function	Type of facility		
	Medical nursing care homes	Skilled nursing care homes	Nursing care homes
Number of homes reporting	4	6	14
Total	<u>\$6.07</u>	<u>\$4.86</u>	<u>\$4.07</u>
Administrative <u>1/</u> .....	.56	.62	.53
Dietary	1.66	.95	.96
Housekeeping .....	.44	.23	.20
Laundry .....	.23	.14	.20
Plant operation and maintenance ...	.72	.63	.51
Nursing	1.65	1.23	.92
Medical supplies .....	.24	.18	.12
Auto expense .....	.03	.05	.06
Rent .....	.12	.15	.19
Interest	--	.06	.08
Depreciation .....	.27	.34	.14
Miscellaneous .....	.15	.28	.16
Range	\$5.03 - 9.36	\$3.57 - 7.94	\$2.14 - 5.87

1/ For homes owner-operated and not incorporated, an amount was added to cover the estimated value of the services of the owner-administrator.

SOURCE: Georgia Department of Public Health. Nursing Home Notes, August 1962.

IN PENNSYLVANIA, the estimated cost of providing care in nursing homes and related facilities during 1958-59 ranged from \$2.00 to \$24.00 per resident day. In brief the study revealed:

- . Average cost per resident day (mean).....\$5.91.
- . Costs per resident day tended to be higher as the level of medical care being provided increased.
- . The average cost per resident day was somewhat higher in the metropolitan areas where per capita income is higher and relatively more institutional beds available for persons aged 65 and over.
- . Salaries and wages accounted for 40 to 50 percent of the total cost per resident day. Such costs become proportionately greater as the services available include the more specialized medical services.
- . More than 20 percent of the total cost was for nursing salaries. The proportion was higher (28 percent) in skilled nursing homes.
- . The average cost per resident day varied widely in homes having relatively the same number of residents per each full-time nursing personnel equivalent.
- . Raw food costs averaged \$0.93 per resident day. There appeared to be more variation by ownership of the facility than by type of care provided.

PENNSYLVANIA NURSING HOME COSTS, 1958-59

<u>Type of facility</u>	<u>Number of facilities</u>	<u>Cost per resident day ^{1/}</u>			
		<u>Mean</u>	<u>Median</u>	<u>Range</u>	
				<u>Low</u>	<u>High</u>
All facilities	106	\$5.91	\$5.08	\$1.91	\$23.70
Multicare facilities ^{2/}	9	7.16	8.31	3.28	23.70
Skilled nursing homes	49	4.79	6.35	2.28	13.32
Homes for the aged, with infirmaries.	18	4.17	3.86	2.33	6.12
Personal care homes ^{3/}	13	3.88	4.53	2.46	9.73
Sheltered care homes	17	4.26 ^{4/}	4.47 ^{4/}	1.91	19.61

^{1/} Cost data relate mainly to calendar year 1958. For some facilities, these data are for 1958-59 fiscal year.

^{2/} In addition to skilled nursing care, provides a multiplicity of auxiliary medical services and rehabilitation services such as physical medicine, occupational therapy, psychiatry, dental care, and sheltered workshops.

^{3/} No skilled nursing care provided.

^{4/} Unusually high costs in two facilities, particularly for administrative and dietary services, are responsible for this relatively high average cost. Exclusion of costs for these facilities would lower averages to \$3.33 (mean) and \$3.95 (median).

SOURCE: Pennsylvania Department of Public Welfare. Costs of Providing Care in Pennsylvania Nursing Homes and Related Facilities, Nov. 1961, p. 41.

DIETARY AND NURSING services accounted for 57 percent of total operating costs among 49 skilled nursing homes surveyed in Pennsylvania. Patient day costs for all services during 1958-59 averaged \$4.79.

PENNSYLVANIA SKILLED NURSING HOME COSTS, 1958-59 ^{1/}

<u>Department or function</u>	<u>Cost per patient day</u> ^{2/}	
	<u>Average</u> <u>(Mean)</u>	<u>Percent</u>
Total	<u>\$4.79</u>	<u>100.0</u>
Administration and general .....	.54	11.3
Property and related expense .....	.41	8.6
Plant operation and maintenance .....	.65	13.6
Dietary	1.23	25.7
Laundry and linen .....	.19	4.0
Housekeeping .....	.25	5.2
Nursing and special services	<u>1.52</u>	<u>31.7</u>
Nursing care	<u>1.41</u>	<u>29.4</u>
Special services .....	.11	2.3

^{1/} Based on data for 49 skilled nursing care homes.

^{2/} Cost data relate mainly to calendar year 1958. For some facilities, these data are for 1958-59 fiscal year.

SOURCE: Pennsylvania Department of Public Welfare. Costs of Providing Care in Pennsylvania Nursing Homes and Related Facilities, November 1961, p. 49.

A STUDY OF 14 JEWISH HOMES for the aged conducted in 1961 by the Council of Jewish Federations and Welfare Funds revealed the following:

Total operating cost per resident day averaged \$8.85.

Range \$5.50 - \$11.30.

This per diem figure covered salaries, supplies and all costs of operation exclusive of capital construction and payments on mortgages.

Salary and wage costs per resident day averaged \$5.15.

Range \$4.00 - \$7.70.

Salary and wage costs ranged from one-half to three-fourths of total operating expenditures and accounted on the average for about three-fifths of total operating costs.

The study, noting that the largest personnel costs are for nursing services, states: "Nearly all of these small homes for the aged employed nursing staff in 1961 as compared to only about one-half of a group of similar sized homes which was studied in 1954, reflecting increased nursing needs of chronically sick older persons in Jewish communities. The experience of small communities thus parallels that of large communities -- homes for the aged have expanded their facilities and staffing for the care of the chronically sick under medical direction."

JEWISH HOMES FOR AGED OPERATING COST, 1961 ^{1/}

<u>Location</u>	<u>Number of beds</u>	<u>Operating costs per resident day</u>		
		<u>Total</u>	<u>Salary</u>	
			<u>Amount</u>	<u>Percent of total</u>
Atlanta	63	\$ 9.65	\$4.90	51.0
Columbus	32	10.50	5.85	61.0
Des Moines	39	2/	6.05	2/
Indianapolis	42	11.10	5.95	53.0
Louisville	50	6.85	4.30	63.0
Phoenix	45	7.45	4.60	62.0
Richmond	53	8.60	5.15	60.0
San Diego	28	8.20	4.95	60.0
Scranton	34	5.50	4.00	73.0
Seattle	45	9.25	5.05	55.0
Toledo	26	2/	2/	66.0
Trenton	38	8.85	5.80	65.0
Utica	22	2/	7.70	2/
Wilmington	37	11.30	6.45	57.0

1/ Based on data for 14 homes.

2/ Not reported

SOURCE: Council of Jewish Federations and Welfare Funds, Inc. Building and Staffing the Small Home for Aged, May 1962.

A 1953-54 SURVEY of proprietary nursing homes in 13 States
revealed that median monthly charges

Increase with the size of the facility, and

Increase as the number of beds per staff member
decreases.

MONTHLY CHARGES AND SIZE OF HOME
(13-State Study, 1953-54 1/)

<u>Bed capacity of home</u>	<u>Median monthly charge</u>	<u>Number of beds per staff member</u>	<u>Median monthly charge</u>
Total	\$154	Total	\$154
Under 10 beds ...	130	Under 1.0	305-310
10-14	132	1.0-1.9	184
15-24	151	2.0-2.9	162
25-34	158	3.0-3.9	132
35-49	153	4.0-4.9	112
50 and over	187	5.0-5.9	110
		6.0 and over	98

1/ Study included 2,686 proprietary nursing homes.

SOURCE: U.S. Department of Health, Education, and Welfare.
Nursing Homes: Their Patients and Their Care. PHS Publication
 No. 503, 1957, p. 24. (Joint Project of Commission on Chronic Illness
 and Public Health Service.)

CHARGES FOR CARE, according to a 1953-54 study of patients in proprietary nursing homes, vary with the physical and mental capacities of the patient. As the study report stated, "A difference of about \$20 a month is noted in charges for patients who walk independently and for those severely restricted in walking ability. Nearly the same difference is found between charges for the care of continent and incontinent patients, and approximately a \$10 variation between charges for the care of mentally clear patients and confused patients. Interestingly, a smaller variation appears between charges for patients who are out of bed and for those who are bedfast.... The failure of the study to reveal a more distinct difference in charges with extent of confinement to bed may reflect recognition in practice of the sometimes greater needs for services by the ambulatory or semi-ambulatory patient."

MONTHLY CHARGES AND CONDITION OF PATIENT
(13-State Study, 1953-54 1/)

<u>Condition of patient</u>	<u>Median monthly charge</u>	<u>Condition of patient</u>	<u>Median monthly charge</u>
Total, 12 states <u>2/</u>	\$154		
<u>Walking status:</u>		<u>Mental condition:</u>	
Alone or with cane or crutch..	143	Always clear	\$148
With walker, wheelchair, etc..	164	Confused part of the time ...	157
Only with attendant's help ...	160	Confused most of the time ...	159
Does not walk or get about ...	159		
<u>Bed status:</u>		<u>Continence:</u>	
Out of bed except to sleep or rest	150	Continent	148
In bed part of the time	156	Incontinent, bowel only	154
In bed most of the time	157	Incontinent, bladder only ...	166
In bed all of the time	158	Incontinent, bladder and bowel,	162

1/ Study included 2,686 proprietary nursing homes.2/ One State did not report these data.

SOURCE: U.S. Department of Health, Education, and Welfare. Nursing Homes:
Their Patients and Their Care. PHS Pub. No. 503, 1957, p. 24. (Joint
Project of Commission on Chronic Illness and Public Health Service.)

ACCEPTABLE LONG-TERM CARE BEDS, as of January 1, 1962, totaled 255,897, according to the Hill-Burton State Plans. The remaining need was estimated by the States as being roughly twice this number or more than 500,000 beds. This estimate is confirmed if facilities for long-term care in all States were brought up to the level of the five States with the highest ratios of long-term beds to each 1,000 elderly persons.

NOTE: Beds are classified by each State Hill-Burton Agency on the basis of fire, health, or safety hazards.

LONG-TERM CARE BEDS, JANUARY 1, 1962 ^{1/}

	<u>Number</u>	<u>Per 1,000 population</u>	<u>Per 1,000 aged 65 and over ^{2/}</u>
Estimated total needed ^{3/}	<u>802,734</u>	<u>4.46</u>	<u>48.48</u>
Existing acceptable ^{4/}	255,897	1.42	15.45
Estimated additional needed	546,837	3.04	33.02

^{1/} Includes beds in chronic disease hospitals and skilled nursing homes.

^{2/} Based on U.S. population aged 65 and over.

^{3/} Based on bed needs as reported in the Hill-Burton State Plans.

^{4/} Excludes nonacceptable beds classified by the State Agencies on the basis of fire and health hazards.

SOURCE: U.S. Department of Health, Education, and Welfare. Hill-Burton State Plan Data: A National Summary as of January 1, 1962. PHS Publication No. 930-F-2, 1962, pp. 46, 48.

II Nursing Home Patients: Their Characteristics

THE VERY ELDERLY predominate among nursing home patients. According to a 1953-54 study of more than 38,000 patients in proprietary nursing homes in 13 States, the average (median) age was 80 years.

More recent studies in Michigan (1957) and Pennsylvania (1959) reported the average age to be 76 years and 80 years, respectively. A 1962 North Carolina study indicates that 66 percent of the patients were over 75; with 23 percent over 85 years of age. The oldest patient at the time of this survey was 102 years old.

AGE OF NURSING HOME PATIENTS

<u>13-State Study, 1953-54</u> ^{1/}	<u>Percent of patients</u>
Under 65	9.0
65 and over	89.1
85 and over	26.2
Average (median) age	80 years
 <u>Pennsylvania Study, 1959</u> ^{2/}	
Under 65	22.4
65 and over	77.6
85 and over	17.2
Average (median) age	80 years

^{1/} Included 38,557 patients in proprietary nursing homes.

Source: U.S. Department of Health, Education, and Welfare.
Nursing Homes: Their Patients and Their Care. PHS Publication
 No. 503, 1957, p. 9. (Joint project of Commission on Chronic
 Illness and Public Health Service.)

^{2/} Included 8,977 patients. Source: Pennsylvania Department of
 Public Welfare. Costs of Providing Care in Pennsylvania Nurs-
 ing Homes and Related Facilities, November 1961, pp. 28, 31.

CARDIOVASCULAR DISEASES were reported for two out of every three patients in proprietary nursing homes during 1953-54. About one-tenth of the patients had fractures, in most cases fractures of the hip. More recent surveys in selected States reveal similar findings.

MEDICAL DIAGNOSES OF NURSING HOME PATIENTS
(13-State Study, 1953-54 1/)

<u>Diagnostic category</u>	All <u>diagnoses</u> (Percent of patients)	Primary <u>diagnoses</u>
Cardiovascular diseases	65.6	40.3
Heart disease	17.2	11.6
Hemiplegia (mainly from stroke)	16.3	15.2
Other circulatory diseases	32.0	13.5
Senility	25.6	17.0
Fractures	11.3	8.8
Paralyses (excluding hemiplegia) and degenera- tive diseases of central nervous system	5.8	4.9
Mental disorders	5.5	3.6
Neoplasms	4.5	3.3
All other	39.1	12.8
No diagnosis	2.2	2.2

1/ Included 38,557 patients in proprietary nursing homes.

SOURCE: U.S. Department of Health, Education, and Welfare. Nursing Homes: Their Patients and Their Care. PHS Publication No. 503, 1957, p. 13. (Joint project of Commission on Chronic Illness and Public Health Service.)

LESS THAN ONE-HALF of the 38,557 patients studied in proprietary nursing homes during 1953-54 could walk alone. One-fifth were confined to bed. More than one-half had periods in which they were disoriented. At least one-third were incontinent.

PHYSICAL AND MENTAL CONDITIONS OF NURSING HOME PATIENTS
(13-State Study, 1953-54 ^{1/})

<u>Condition of patient</u>	<u>Percent of patients ^{2/}</u>	<u>Condition of patient</u>	<u>Percent of patients ^{2/}</u>
<u>Walking status:</u>		<u>Mental condition:</u>	
Alone, with cane, crutch ..	45.6	Always clear	43.5
With walker, wheelchair ...	8.0	Confused:	
Only with attendant's help.	14.1	Part of time	33.7
Does not walk or get about.	31.4	Most of time	22.4
<u>Bed status:</u>		<u>Continence:</u>	
Out of bed, except to		Continent	64.5
sleep or rest	46.9	Incontinent:	
In bed:		Bowel only	1.4
Part of time	18.7	Bladder only	7.4
Most of time	13.8	Bladder and bowel	26.2
All of time	20.4		

^{1/} Included 38,557 patients in proprietary nursing homes.

^{2/} Unknowns are not shown.

SOURCE: U.S. Department of Health, Education, and Welfare. Nursing Homes: Their Patients and Their Care. PHS Publication No. 503, 1957, p. 11. (Joint project of Commission on Chronic Illness and Public Health Service).

THE LENGTH OF STAY of nursing home patients serves to characterize nursing homes as a form of home for the aged. The average patient in proprietary nursing homes had at the time of a 1953-54 survey been in their present home for a full year. More recent State surveys indicate a similarly long or even longer average length of stay per patient.

LENGTH OF STAY OF NURSING HOME PATIENTS (Day of survey)

<u>13-State Study, 1953-54</u> ^{1/}	<u>Percent of patients</u>
Less than 6 months	32
6 months - 1 year	18
1 - 2 years	19
2 - 5 years	23
5 years and over	7
Average (median)	1 year
<u>Michigan Study, 1957</u> ^{2/}	
Less than 6 months	30
6 months - 1 year	19
1 - 2 years	21
2 - 5 years	25
5 years and over	6
Average (median)	1 year

- ^{1/} Included 38,557 patients in proprietary nursing homes. Source: U.S. Department of Health, Education, and Welfare. Nursing Homes: Their Patients and Their Care. PHS Publication No. 503, 1957, p.15. (Joint project of Commission on Chronic Illness and Public Health Service).
- ^{2/} Included 8,064 patients in proprietary facilities. Computed from data in Michigan Nursing Facilities and Their Patients, 1960, p. 48. (University of Michigan, School of Public Health).

FREQUENCY OF PHYSICIAN VISITS to nursing home patients varies considerably, as indicated by available studies. Data from available surveys revealed that two-fifths to three-fifths of the patients had been seen by a physician within the month preceding the date of interview.

FREQUENCY OF PHYSICIAN VISITS TO NURSING HOME PATIENTS

<u>13-State Study, 1953-54</u> ^{1/}	<u>Percent of</u> <u>patients</u>	<u>Michigan Study, 1957</u> ^{2/}	<u>Percent of</u> <u>patients</u>
Less than 1 month	60	Less than 1 month	54
1 - 6 months	24	1 - 6 months	25
6 - 12 months	5	6 months or more	10
1 year and over	2	Unknown	11
None since admission	4		
Unknown	5		
<u>North Carolina Study, 1962</u> ^{3/}			
Less than 1 month	43		
1 - 6 months	49		
6 months - 1 year	5		
1 year - 2 years	3		

^{1/} Included 38,557 patients in proprietary nursing homes. Source: U.S. Department of Health, Education, and Welfare. Nursing Homes: Their Patients and Their Care. PHS Publication No. 503, 1957, p. 20. (Joint project of Commission on Chronic Illness and Public Health Service).

^{2/} Included 15,807 patients. Source: University of Michigan, School of Public Health. Michigan Nursing Facilities and Their Patients, 1960, p. 62.

^{3/} Includes 1,093 patients. Source: University of North Carolina, School of Public Health. A Study of Patients in Licensed Nursing Homes of North Carolina, 1962, p. 30.

THE LEVEL OF CARE needed by nursing home patients is a highly subjective determination, depending on the judgment of the respondent (usually the nursing home administrator or staff nurse). However, studies have indicated that a considerable number of persons may be in nursing homes who really require less than skilled nursing care. This is not to imply that they should not be in the nursing homes where they are, but it is indicative of the diverse nature of services provided by these facilities.

LEVEL OF CARE NEEDED BY NURSING HOME PATIENTS

<u>13-State Study, 1953-54</u> ^{1/}	<u>Percent of patients</u>
Could not ordinarily be given in patient's own home	48
Might be given in patient's own home	41
Mainly boarding care	11
<u>Michigan Study, 1957</u> ^{2/}	
Nursing	55
Nursing and shelter	10
Custodial and personal	14
Custodial, personal and shelter	5
Shelter	15
Unknown	1

1/ Included 38,557 patients in proprietary nursing homes. Source: U.S. Dept. of Health, Education, and Welfare. Nursing Homes: Their Patients and Their Care. PHS Publication No. 503, 1957, p. 16. (Joint project of Commission on Chronic Illness and Public Health Service.)

2/ Included 15,807 patients in nursing home facilities. Source: University of Michigan, School of Public Health. Michigan Nursing Facilities and Their Patients, 1960, p. 59.

THE LEVEL OF CARE needed by nursing home patients is a highly subjective determination, depending on the judgment of the respondent (usually the nursing home administrator or staff nurse). However, studies have indicated that a considerable number of persons may be in nursing homes who really require less than skilled nursing care. This is not to imply that they should not be in the nursing homes where they are, but it is indicative of the diverse nature of services provided by these facilities.

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Nursing	55
Nursing and shelter	10
Custodial and personal	14
Custodial, personal and shelter	5
Shelter	15
Unknown	1

1/ Included 38,557 patients in proprietary nursing homes. Source: U.S. Dept. of Health, Education, and Welfare. Nursing Homes: Their Patients and Their Care. PHS Publication No. 503, 1957, p. 16. (Joint project of Commission on Chronic Illness and Public Health Service.)

2/ Included 15,807 patients in nursing home facilities. Source: University of Michigan, School of Public Health. Michigan Nursing Facilities and Their Patients, 1960, p. 59.

THE VARIETY OF SERVICES provided in nursing homes, according to the "level of care" needed by patients, is shown in the accompanying table. In general, the proportion of patients receiving each of the services decreases as the level of care needed declines. For example, the 1953-54 study showed that, among patients receiving medications, the proportion decreased from 76 percent in the group needing care which could not be given at home to 64 percent among those who might have been cared for at home, to 38 percent among those who needed mainly boarding care.

SERVICES RECEIVED BY NURSING HOME PATIENTS ^{1/}

<u>Services received</u>	<u>Total patients</u>	<u>Level of care needed ^{2/}</u>		
		<u>Could not ordinarily be given in patient's own home</u>	<u>Might be given in patient's own home</u>	<u>Mainly boarding care</u>
Number of patients	38,557	17,506	14,999	3,975
Help in feeding	24 %	37 %	15 %	1 %
Help in dressing	48	60	45	10
Help with tub bath or shower ...	42	32	52	48
Full bed bath	55	71	47	12
Rub and massage	64	78	59	16
Bedpan	39	53	32	4
Enema	26	43	14	4
Hypodermic injection	18	25	13	5
Medication	66	76	64	38
Pulse, temp., or respiration ...	46	57	40	15
Special diet	22	27	20	11

^{1/} Represents patients in proprietary nursing homes in 13 States, 1953-54.

^{2/} Information not available on 2,077 patients.

SOURCE: U.S. Dept. of Health, Education, and Welfare. Nursing Homes: Their Patients and Their Care. PHS Publication No. 503, 1957, p. 17. (Joint project of Commission on Chronic Illness and Public Health Service.)

PUBLIC ASSISTANCE funds aided in the payment of care for one-half of the patients in proprietary nursing homes surveyed during 1953-54. The full bill for 4 out of 5 of these patients was paid from public assistance sources.

Other more current State studies also show that public assistance funds are financing the care of many patients in nursing homes and related facilities.

SOURCES OF FUNDS FOR NURSING HOME PATIENTS

<u>13-State Study, 1953-54 1/</u>	<u>Percent of patients 2/</u>	<u>Michigan Study, 1957 3/</u>	<u>Percent of patients 2/</u>
Patient (or family)	<u>54.8</u>	Private funds	47
Wholly	45.4	Categorical assistance .	48
Combined with other sources .	9.4	County welfare	38
Public assistance	<u>51.3</u>	Other	1
Wholly	41.7	Unknown	2
Combined with other sources .	9.6		
Other agency	<u>1.8</u>	<u>North Carolina Study, 1962 4/</u>	
Wholly .....	.9	Personal or family funds	63
Combined with other sources .	.9	Public assistance	26
		Social security	6
		Other	5

1/ Included 38,557 patients in proprietary nursing homes. Source: U.S. Dept. of Health, Education, and Welfare. Nursing Homes: Their Patients and Their Care. PHS Publication No. 503, 1957, p. 23. (Joint project of Commission on Chronic Illness and Public Health Service).

2/ Totals may exceed 100%; some persons receive funds from more than one source.

3/ Included 15,807 patients. Source: Univ. of Mich., School of Public Health. Michigan Nursing Facilities and Their Patients, 1960. pp. 43-53.

4/ Included 1,093 patients in licensed nursing homes. Source: Univ. of North Carolina, School of Public Health. A Study of Patients in Licensed Nursing Homes of North Carolina, 1962. p. 16.

PUBLIC ASSISTANCE funds aided in the payment of care for one-half of the patients in proprietary nursing homes surveyed during 1953-54. The full bill for 4 out of 5 of these patients was paid from public assistance sources.

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2/ Totals may exceed 100%; some persons receive funds from more than one source.

3/ Included 15,807 patients. Source: Univ. of Mich., School of Public Health. Michigan Nursing Facilities and Their Patients, 1960. pp. 43-53.

4/ Included 1,093 patients in licensed nursing homes. Source: Univ. of North Carolina, School of Public Health. A Study of Patients in Licensed Nursing Homes of North Carolina, 1962, p. 16.

PUBLIC WELFARE assistance was received by two-fifths of all of the residents in nonpublic nursing homes and related facilities in Pennsylvania in 1959. Most of these residents (35 percent) were being supported by either categorical public assistance, primarily Old Age Assistance (OAA), or county welfare funds. In Pennsylvania, unlike many other States, no public assistance monies are paid to, or in behalf of, patients located in county institutions, with the exception of a small number of blind pension recipients. Thus, references to county welfare must be considered in the light of this situation. In terms of frequency, county welfare assumed a relatively greater role in the multicare facilities and skilled nursing homes. Conversely, public assistance funds were supporting a much larger proportion of residents in the personal care and sheltered care homes.

Three-fifths of the residents paid for their care with private funds from their own or family sources, company pensions, and/or Federal Social Security benefits (OASDI). Among the various types of facilities, the proportions of residents financing at least part of their own care ranged from one-half in the sheltered care homes to more than three-fourths in the voluntary nonprofit homes for the aged.

SOURCES OF FUNDS FOR NURSING HOME PATIENTS
(Pennsylvania, 1959 ^{1/})

<u>Source of payment</u>	<u>Total</u>	<u>Type of facility</u>				
		<u>Multi- care ^{2/}</u>	<u>Skilled nursing</u>	<u>Home for the aged ^{3/}</u>	<u>Personal care</u>	<u>Sheltered care</u>
Number of residents	<u>8,977</u>	<u>4,915</u>	<u>2,315</u>	<u>1,288</u>	<u>289</u>	<u>170</u>
		<u>Percent of residents ^{4/}</u>				
Resident or family	38.6	26.8	46.7	65.8	57.1	32.9
Social security	29.1	32.2	18.9	37.7	21.8	25.3
Public welfare	<u>39.0</u>	<u>42.4</u>	<u>41.1</u>	<u>21.7</u>	<u>39.1</u>	<u>44.7</u>
Public assistance	15.0	13.4	11.5	21.7	26.0	37.1
County welfare	24.0	28.9	29.6	-	13.1	7.6
Other agency	4.0	4.9	.6	5.7	1.0	13.5
Unknown .....	.3	.2	.2	.9	-	-

^{1/} Included 106 facilities.^{2/} In addition to skilled nursing care, provides a multiplicity of auxiliary medical services and rehabilitation services such as physical medicine, occupational therapy, psychiatry, dental care, and sheltered workshops.^{3/} Facilities with infirmaries.^{4/} Totals may exceed 100%; some persons receive funds from more than one source.SOURCE: Pennsylvania Department of Public Welfare. Costs of Providing Care in Pennsylvania Nursing Homes and Related Facilities, November 1961, p. 35.

MANY PATIENTS in nursing homes are admitted directly from their own homes or other private dwellings. In 1957, among 15,807 nursing home patients in Michigan, more than one-half (59 percent) came from their own homes or the homes of relatives or friends; 24 percent were admitted directly from the hospital; and 11 percent from a boarding home or other nursing home.

A 1962 survey of 1,093 patients in licensed nursing homes in North Carolina also revealed that the great majority came either from private dwellings or directly from the hospital.

PRIOR RESIDENCE OF NURSING HOME PATIENTS

<u>Michigan Study, 1957</u> ^{1/}	<u>Percent of patients</u>
Private dwelling	59
Hospital	24
Boarding or nursing home	11
County operated facility	4
Unknown	2
 <u>North Carolina Study, 1962</u> ^{2/}	
Private dwelling	43
Hospital	37
Long-term facility	19
Licensed nursing home	5
Other (home for aged, etc.)	14
Unknown	1

^{1/} Included 15,807 patients. Source: Univ. of Mich., School of Public Health. Michigan Nursing Facilities and Their Patients, 1960, p. 47.

^{2/} Included 1,093 patients. Source: University of North Carolina, School of Public Health. A Study of Patients in Licensed Nursing Homes of North Carolina, 1962, p. 15.

III Expenditures for Nursing Home Care

CONSUMER EXPENDITURES for nursing home care were estimated at \$305 million in 1961. Included were expenditures by consumers themselves, or relatives or friends on their behalf. Payments made by government and private philanthropic agencies were excluded.

Consumer payments for nursing home care represented 1.4 percent of total consumer expenditures for medical care in 1961. During the past 14 years, expenditures for nursing home care have tripled, but the proportion of such expenditures to the total consumer expenditures for all services has not changed materially.

CONSUMER EXPENDITURES FOR NURSING HOME CARE, 1948-61 ^{1/}

<u>Year</u>	<u>Total medical care expenditures (millions)</u>	<u>Nursing home care expenditures</u>	
		<u>Total (millions)</u>	<u>Percent of total</u>
1948	\$ 7,663	\$100	1.3
1950	8,669	110	1.3
1951	9,379	120	1.3
1952	10,134	125	1.2
1953	11,033	130	1.2
1954	11,895	140	1.2
1955	12,906	150	1.2
1956	14,357	170	1.2
1957	15,602	180	1.2
1958	16,742	200	1.2
1959	18,321	220	1.2
1960	19,797	280	1.4
1961	21,120	305	1.4

^{1/} Represents expenditures made directly by consumers. Excludes payments made by government and private philanthropic agencies.

SOURCE: Reed, Louis and Rice, Dorothy P. Private Medical Care Expenditures and Voluntary Health Insurance, 1948-1961. Social Security Bulletin, December 1962.

NURSING HOME CARE is one of the medical services for which a State may receive Federal financial participation as part of the public assistance programs under the Social Security Act. In Old-Age Assistance, the cost may be met by (1) including in the money payment to the recipient an amount which he needs to pay for such care, or (2) providing direct payment to the supplier of nursing home care ("vendor payments") who operates a facility which meets the accepted definition of a nursing home, or (3) by a combination of money and vendor payments according to an approved plan.

In Medical Assistance for the Aged (Kerr-Mills) (a program designed for persons who do not need help to meet subsistence needs but lack resources to meet costs of medical care as defined in State eligibility standards), the costs of care must be met entirely through the payments to suppliers of goods and services.

In either program, the State defines the services and supplies for which it will assume responsibility, the amount it will pay toward the cost of these items, and the maximum rate it will recognize for nursing home care.

The Bureau of Family Services encourages States to establish rates which will meet the cost of nursing home care and to administer their nursing home programs in a manner to promote improvements in the quality of care. The Bureau also provides consultation to State agencies on methods of setting rates for nursing home care and on social services to individuals who are chronically ill.

NURSING HOME CARE PROVISIONS IN OLD-AGE ASSISTANCE AND
MEDICAL ASSISTANCE FOR AGED PROGRAMS, NOVEMBER 1962

<u>State</u>	<u>Old-Age Assistance</u>			<u>Medical Assistance for Aged</u>	
	<u>Maximums & methods of payment</u>	<u>Range or</u>	<u>State</u>	<u>Nursing home care</u>	
	<u>Money</u>	<u>Vendor</u>	<u>Combina-</u>	<u>has</u>	<u>included in scope</u>
	<u>payment</u>	<u>payment</u>	<u>tion</u>	<u>MAA</u>	<u>of services</u>
Ala.		\$125		Yes	Not provided
Alaska		<u>1/</u>		No	--
Ark.		105		Yes	Same as OAA
Ariz.		<u>1/</u>		No	--
Calif.	\$116			Yes	For long-term care
Colo.			\$195	No	--
Conn.		<u>2/</u>		260.87 (MAA) Yes	Rate paid <u>2/</u>
Del.	75	<u>3/</u>		No	--
D. C.	100			No	--
Fla.		100		No	--
Ga.		125-175		No	--
Guam	--	--	--	Yes	Not provided
Hawaii		<u>1/</u>		As paid Yes	Same as OAA
Idaho		<u>2/</u>		175 (MAA) Yes	Rate paid <u>2/</u>
Ill.			<u>1/</u>	85.98 <u>4/</u> Yes	Not provided

NOTE: See footnotes at end of table.

PUBLIC
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NURSING HOME CARE PROVISIONS IN OLD-AGE ASSISTANCE AND
MEDICAL ASSISTANCE FOR AGED PROGRAMS, NOVEMBER 1962 (Cont)

State	Old-Age Assistance			Range or maximum rate set by State	Medical Assistance for Aged	
	<u>Maximums & methods of payment</u>	<u>Vendor</u>	<u>Combina-</u>		State	Nursing home care
	<u>Money</u>	<u>payment</u>	<u>tion</u>		has	included in scope
	<u>payment</u>				MAA	of services
Ind.			<u>1/</u>	<u>5/</u>	No	--
Iowa		<u>1/</u>		\$ 80 <u>4/</u>	No	--
Kans.	<u>1/</u>			<u>5/</u>	No	--
Ky.	\$115			135	Yes	Not provided
La.		\$165		125-265	Yes	Same as OAA
Maine		<u>1/</u>		190	Yes	Not provided
Md.	<u>6/</u>	61.50 <u>6/</u>		105-131	Yes	Not provided
Mass.		<u>7/</u>		204	Yes	Same rate as OAA <u>7/</u>
Mich.	90 <u>8/</u>			180-210	Yes	Same rate as OAA <u>9/</u>
Minn.		<u>1/</u>		<u>5/</u>	No	--
Miss.	40			150	No	--
Mo.		<u>1/</u>		250	No	--
Mont.	100 <u>10/</u>	<u>10/</u>		Local rate	No	--
Nebr.	<u>1/</u>			<u>5/</u>	No	--
Nev.		135		225	No	--

NOTE: See footnotes at end of table.

NURSING HOME CARE PROVISIONS IN OLD-AGE ASSISTANCE AND
MEDICAL ASSISTANCE FOR AGED PROGRAMS, NOVEMBER 1962 (Cont)

State	Old-Age Assistance			Range or maximum rate set by State	Medical Assistance for Aged	
	Maximums & methods of payment	Vendor	Combina- tion		State has MAA	Nursing home care included in scope of services
	Money payment	payment				
N. H.	\$165 <u>11/</u>	\$165 <u>11/</u>		\$165-195	Yes	Not provided
N. J.		<u>1/</u>		180-190	No	--
N. M.		<u>1/</u>		116,175	No	--
N. Y.			<u>1/</u>	<u>5/</u>	Yes	Same as OAA
N. C.	175			175	No	--
N. D.		<u>12/</u>		143;170-252	Yes	Same rate as OAA <u>12/</u>
Ohio		<u>1/</u>		100-160	No	--
Okla.			\$110-150	110-150	Yes	Same rate as OAA <u>13/</u>
Oreg.		<u>1/</u>		145-192 <u>4/</u>	Yes	Same rate as OAA <u>14/</u>
Pa.	<u>1/</u>			115-180	Yes	Same rate as OAA <u>15/</u>
P. R.	--	--	--	--	Yes	Not provided
R. I.	<u>1/</u>			113,156,186	No	--
S. C.	60 <u>16/</u>	150 <u>16/</u>		150	Yes	Same rate as OAA <u>16/</u>
S. D.	<u>1/</u>			75-165 <u>4/</u>	No	--
Tenn.		80		100,150	Yes	For 90 days a year

NOTE: See footnotes at end of table.

PUBLIC
ASSISTANCE

NURSING HOME CARE PROVISIONS IN OLD-AGE ASSISTANCE AND
MEDICAL ASSISTANCE FOR AGED PROGRAMS, NOVEMBER 1962 (Cont)

<u>State</u>	<u>Old-Age Assistance</u>			<u>Medical Assistance for Aged</u>	
	<u>Maximums & methods of payment</u>	<u>Range or</u>	<u>State</u>	<u>Nursing home care</u>	<u>has</u>
	<u>Money</u>	<u>Vendor</u>	<u>Combina-</u>	<u>maximum rate</u>	<u>included in scope</u>
	<u>payment</u>	<u>payment</u>	<u>tion</u>	<u>set by State</u>	<u>of services</u>
Texas		\$180		\$180	No --
Utah		<u>1/</u>		120-200	Yes Same as OAA
Vt.		<u>1/</u>		145,175	Yes Not provided
V. I.	--	--	--	--	Yes Not provided
Va.		150		150	No --
Wash.		<u>1/</u>		104-194	Yes Same as OAA
W. Va.	\$135			135	Yes Same rate as OAA
Wis.		<u>1/</u>		<u>5/</u>	No --
Wyo.			\$180 <u>17/</u>	180	No --

- 1/ Payment to meet deficit between recipient's income and cost of care up to the maximum rate set by State for kind or amount of services needed.
- 2/ Nursing home care for aged persons eligible for assistance is provided in MAA.
- 3/ Legislation permitting vendor payments enacted but not yet implemented.
- 4/ For basic costs; additional amounts are allowed for specific services needed.
- 5/ Rates negotiated by local department of welfare, subject to review by State.
- 6/ Vendor payments are made only in behalf of persons in certain chronic care hospitals; money payment is used for care in other kinds of homes.

FOOTNOTES FOR PRECEDING TABLE

- 7/ Payment to meet deficit between recipient's income and cost of care; only short-term care in OAA; short- and long-term care in MAA program.
- 8/ Supplementation by county from general assistance funds up to appropriate rate.
- 9/ After hospitalization for acute condition; 90 days within a 12-month period.
- 10/ Care related to remedial eye care is paid for by vendor payment; for other conditions, through money payment to recipient up to \$95 (plus \$5 for personal needs) plus supplementation from county general assistance up to local rate.
- 11/ Vendor payment used only for care in public medical facilities; money payment to recipient includes allowance for care in private nursing home up to rate.
- 12/ In OAA, 30 days; all long-term care in MAA; in both programs vendor payment is made as needed to meet deficit between available income and cost of care.
- 13/ Vendor payment for nursing care component of nursing home care in OAA and MAA; board and room component met through money payment in OAA, by recipient in MAA.
- 14/ Up to 52 days per benefit year after at least 1 day of hospital care, based on ratio of 4 days of such care for each unused day of the 14 days hospitalization.
- 15/ Only in an institution operated by a county authority.
- 16/ OAA and MAA: vendor payment used only for post-hospital nursing home care, usually up to 90 days; for other conditions, OAA only, money payment to \$60.
- 17/ Maximum vendor payment is \$100 per month; additional money payment up to \$80 made to recipient for such care plus allowance for personal incidentals.

SOURCE: U.S. Department of Health, Education, and Welfare, Welfare Administration Bureau of Family Services. Unpublished data.

UNDER THE MEDICAL ASSISTANCE FOR THE AGED programs (Kerr-Mills), the number of States making payments rose from 10 in fiscal year 1961 to 27 in fiscal year 1962. Payments for medical care in fiscal year 1962 totaled \$194.8 million -- an increase of \$152.8 million from fiscal year 1961. As under the Old-Age Assistance program (OAA), payments for inpatient hospital care and for nursing home care represented high proportions of total payments. Of the 10 States not making payments for nursing home care, all but Guam, Puerto Rico, and the Virgin Islands provided such care under their OAA programs.

MEDICAL ASSISTANCE FOR THE AGED: PAYMENTS FOR VENDOR MEDICAL BILLS
IN STATES REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962

(See pp. 78-81)

SOURCE: U.S. Department of Health, Education, and Welfare, Welfare
Administration, Bureau of Family Services. Public Assistance: Vendor
Payments for Medical Care by Type of Service, Fiscal Year ended
June 30, 1962.

PUBLIC
ASSISTANCE

MEDICAL ASSISTANCE FOR THE AGED: PAYMENTS FOR VENDOR MEDICAL BILLS
IN STATES REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962 ^{1/} (000's)

		In all States reporting for specified type of service					
State	Total	Phy- sicians' services 2/	Other practi- tioners' 2/	In- patient hospital	Pre- scribed drugs	Nursing home care	Other 3/
Total	4/ \$194,823	\$4,372	\$154	\$92,929	\$3,924	\$92,584	\$837
Ala.....	121	5/ 1	5/	120	--	--	--
Ark.....	355	19	6/	267	6/	47	21
Calif....	18,002	44	7	10,182	57	7,660	53
Conn....	1,135	5/ 1	5/	8	9	1,117	1
Guam....	6/	--	--	--	--	--	--
Hawaii..	811	2	--	308	3	495	3
Idaho ..	1,804	156	--	276	--	1,372	--
Ill.....	634	42	--	592	--	--	--
Ky.....	311	54	--	195	60	--	2
La.....	359	38	--	307	5/	14	6/

NOTE: See footnotes at end of table.

MEDICAL ASSISTANCE FOR THE AGED: PAYMENTS FOR VENDOR MEDICAL BILLS
IN STATES REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962 ^{1/} (Cont)
(000's)

State	Total	In all States reporting for specified type of service					
		Phy- sicians' services <u>2/</u>	Other practi- tioners' <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other <u>3/</u>
Maine....	\$ 402	--	--	\$ 402	--	--	<u>6/</u>
Md.....	1,870	\$ 111	--	1,522	\$ 222	--	\$ 15
Mass....	40,498	775	\$ 134	8,630	1,954	\$28,634	370
Mich....	17,149	617	--	13,005	--	3,468	58
N. H....	13	2	--	11	--	--	<u>6/</u>
New York	98,946	1,045	10	49,575	911	47,256	150
N. D....	1,425	84	3	339	84	890	26
Okla....	892	234	--	617	--	31	10
Oreg....	223	44	--	168	--	11	--
Pa.....	2,883	--	--	1,747	--	1,122	15

NOTE: See footnotes at end of table.

MEDICAL ASSISTANCE FOR THE AGED: PAYMENTS FOR VENDOR MEDICAL BILLS
IN STATES REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962 1/ (Cont)
(000's)

State	Total	<u>In all States reporting for specified type of service</u>					Other <u>3/</u>
		Phy- sicians' <u>2</u>	Other practi- tioners' <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	
P. R....	\$ 331	--	--	\$ 294	--	--	\$ 37
S. C....	852	--	--	812	--	\$ 23	17
Tenn....	182	--	--	168	\$ 14	--	--
Utah....	508	\$ 49	--	77	17	365	1
V.I.....	<u>4/24</u>	--	--	--	--	--	--
Wash....	1,409	112	<u>5/</u>	1,237	7	52	1
W. Va...	3,683	<u>5/943</u>	<u>5/</u>	2,071	587	27	56

1/ For States operating pooled funds or other prepayment plans, data represent payments out of these funds to specified type of vendor. Totals differ from "Source of Funds Expended for Public Assistance" which represent assistance payments into these funds. Program initiated in October 1960 under Social Security Amendments of 1960.

2/ Includes drugs dispensed by medical practitioners when these costs are not reported separately.

FOOTNOTES FOR PRECEDING TABLE

- 3/ Includes \$98,000 in payments for dental care and payments for other goods or services such as eyeglasses, prosthetic devices, visiting nurse service, ambulance, and X-ray and laboratory services if not included in hospital bill.
- 4/ Includes \$24,000 for which type of service was not reported.
- 5/ "Other practitioners' services" included in "Physicians' services."
- 6/ Less than \$500.
-

SOURCE: U. S. Department of Health, Education, and Welfare, Welfare Administration, Bureau of Family Services. Public Assistance: Vendor Payments for Medical Care by Type of Service, Fiscal Year Ended June 30, 1962.

VENDOR PAYMENTS FOR CARE OF RECIPIENTS OF MEDICAL ASSISTANCE FOR THE AGED (Kerr-Mills) averaged \$213.93 per recipient per month during fiscal year 1962. Amounts shown for the specified types of service represent the averages resulting from the relation of payments for the type of care to the total number of recipients. The average expenditure per recipient for nursing home care ranged from \$0.34 in West Virginia to \$154.61 in Hawaii. This range resulted primarily from the different relations between nursing home payments and total payments in the two States, rather than the monthly rates of payments for such care.

MEDICAL ASSISTANCE FOR THE AGED: AVERAGE MONTHLY AMOUNT PER RECIPIENT
OF ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962

(See pp. 84-87)

SOURCE: U.S. Department of Health, Education, and Welfare, Welfare
Administration, Bureau of Family Services. Public Assistance: Vendor
Payments for Medical Care by Type of Service, Fiscal Year ended
June 30, 1962.

MEDICAL ASSISTANCE FOR THE AGED: AVERAGE MONTHLY AMOUNT PER RECIPIENT
OF ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962 1/

In all States reporting for specified type of service							
State	Total	Phy- sicians' services <u>2/</u>	Other practi- tioners' services <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other <u>3/</u>
Total	<u>4/\$213.93</u>	<u>\$ 4.80</u>	<u>\$0.17</u>	<u>\$102.04</u>	<u>\$4.31</u>	<u>\$101.66</u>	<u>\$0.92</u>
Median ^{5/}	<u>195.86</u>	<u>11.30</u>	<u>6/</u>	<u>96.13</u>	<u>3.29</u>	<u>110.13</u>	<u>.77</u>
Ala....	192.25	<u>7/</u> 1.56	<u>7/</u>	190.69	--	--	--
Ark....	48.08	2.64	.03	36.18	.01	6.40	2.82
Calif..	282.41	.68	.11	159.73	.89	120.17	.84
Conn...	143.80	<u>7/</u> .09	<u>7/</u>	1.06	1.14	141.43	.08
Guam...	<u>8/</u>	--	--	--	--	--	--
Hawaii.	253.35	.63	--	96.13	1.02	154.61	.95
Idaho..	153.62	13.25	--	23.50	--	116.86	--
Ill....	394.21	25.91	--	368.30	--	--	--
Ky.....	20.04	3.49	--	12.55	3.85	--	.15

NOTE: See footnotes at end of table.

MEDICAL ASSISTANCE FOR THE AGED: AVERAGE MONTHLY AMOUNT PER RECIPIENT
OF ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962 ^{1/} (Cont)

State	Total	<u>In all States reporting for specified type of service</u>					Other <u>3/</u>
		Phys- icians' services <u>2/</u>	Other practi- tioners' services <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	
La.....	\$274.19	\$ 29.00	--	\$234.49	\$.24	\$ 10.40	\$.06
Maine..	252.51	--	--	252.34	--	--	.17
Md.....	33.59	1.99	--	27.35	3.98	--	.28
Mass...	181.87	3.48	\$.60	38.76	8.77	128.59	1.66
Mich...	307.41	11.06	--	233.13	--	62.17	1.04
N. H...	73.83	11.54	--	61.94	--	--	.35
N. Y...	296.70	3.13	.03	148.65	2.73	141.70	.45
N. D...	199.47	11.80	.45	47.48	11.70	124.49	3.55
Okla...	240.48	63.08	--	166.33	--	8.49	2.58
Oreg...	231.73	46.02	--	174.53	--	11.18	--

NOTE: See footnotes at end of table.

PUBLIC
ASSISTANCE

MEDICAL ASSISTANCE FOR THE AGED: AVERAGE MONTHLY AMOUNT PER RECIPIENT
OF ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962 1/ (Cont)

State	Total	<u>In all States reporting for specified type of service</u>					
		Phy- sicians' services <u>2/</u>	Other practi- tioners' services <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other <u>3/</u>
Pa.....	\$298.07	--	--	\$180.59	--	\$115.96	\$1.53
P.R....	38.96	--	--	34.58	--	--	4.38
S. C...	209.66	--	--	199.72	--	5.68	4.26
Tenn...	58.79	--	--	54.15	\$4.64	--	--
Utah...	153.06	\$14.62	--	23.11	5.01	110.13	.19
V. I... <u>9/</u>	30.19	--	--	--	--	--	--
Wash...	208.40	16.53	\$.01	182.96	1.00	7.72	.18
W. Va..	45.92	<u>7/</u> 11.76	<u>7/</u>	25.81	7.32	.34	.69

1/ Program initiated in October 1960 under the Social Security Amendments of 1960.

FOOTNOTES FOR PRECEDING TABLE (Cont)

- 2/ Includes drugs dispensed by medical practitioners when these costs are not reported separately.
- 3/ Includes an average of \$0.11 per recipient of assistance in payments for dental care and payments for other goods or service such as eyeglasses, prosthetic devices, visiting nurse service, ambulance, X-ray and laboratory services if not included in hospital bill. (Median, \$0.06 per recipient).
- 4/ Includes an average of \$0.03 per recipient of assistance in payments for which type of service was not reported.
- 5/ States with specified service.
- 6/ Not computed; number of States too small.
- 7/ "Other practitioners' services" included in "Physicians' services."
- 8/ Not computed on basis of fewer than 50 recipients.
- 9/ Type of service was not reported.

SOURCE: U. S. Department of Health, Education, and Welfare, Welfare Administration, Bureau of Family Services. Public Assistance: Vendor Payments for Medical Care by Type of Service, Fiscal Year Ended June 30, 1962.

VENDOR PAYMENTS FOR MEDICAL CARE OF OLD-AGE ASSISTANCE recipients totaled \$350.7 million in fiscal year 1962. This total represented an increase of \$56.5 million from fiscal year 1961. Alaska, Arizona, and Delaware were the only States not making some vendor payments. These States, however, included some amounts for medical care in money payments to OAA recipients. Payments specified as having been made for inpatient hospital care represented 34 percent of all vendor payments; identified payments for nursing home care represented an additional 33 percent. Of the 14 States not reporting vendor payments for nursing home care, virtually all provided some such care through money payments.

OLD-AGE ASSISTANCE: PAYMENTS FOR VENDOR MEDICAL BILLS IN STATES
REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962

(See pp. 90-95)

SOURCE: U.S. Department of Health, Education, and Welfare, Welfare
Administration, Bureau of Family Services. Public Assistance: Vendor
Payments for Medical Care by Type of Service, Fiscal Year ended
June 30, 1962.

PUBLIC
ASSISTANCE

OLD-AGE ASSISTANCE: PAYMENTS FOR VENDOR MEDICAL BILLS IN
STATES REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962 1/
(000's)

State	Total	In all States reporting for specified type of service					
		Phy- sicians' services 2/	Other practi- tioners' 2/	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other 3/
Total . 4/	\$350,699	\$44,324	\$2,178	\$119,629	\$43,943	\$114,212	\$22,447
Ala.....	5,600	5/ 14	5/	2,797	--	2,789	--
Ark.....	5,238	126	17	2,444	6	2,454	191
Calif.....	38,139	13,952	1,328	2,282	9,458	--	11,118
Colo.....	9,869	1,857	--	4,788	388	2,836	6/
Conn.....	11,506	339	52	2,071	649	8,134	261
Dist. of Col.	934	--	--	453	1	--	480
Fla.....	10,849	--	--	2,702	4,664	3,483	--
Ga. <u>7/</u>	1,596	--	--	582	--	1,014	--
Guam <u>4/7/</u> .	1	--	--	--	--	--	--
Hawaii....	225	4	--	189	6	1	24

NOTE: See footnotes at end of table.

OLD-AGE ASSISTANCE: PAYMENTS FOR VENDOR MEDICAL SERVICES
 REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962 1/ (Cont)
 (000's)

State	Total	In all States reporting for specified type of service					
		Physicians' services <u>2/</u>	Other practitioners' <u>2/</u>	In-patient hospital care	Pre-scribed drugs	Nursing home care	Other <u>3/</u>
Idaho...	\$ 821	\$ 292	--	\$ 407	--	\$ 121	--
Ill.....	29,202	2,241	\$ 53	7,965	\$3,450	14,477	\$1,015
Ind.....	6,904	1,365	31	1,882	1,073	2,424	130
Iowa....	9,781	1,378	43	--	2,037	6,106	217
Kans....	4,723	755	--	1,774	1,134	--	1,061
Ky.....	1,773	455	--	896	407	--	15
La.....	13,774	1,849	<u>6/</u>	5,695	2,353	3,766	111
Maine...	3,011	<u>6/</u>	--	832	--	2,179	<u>6/</u>
Md.....	916	112	--	352	232	174	47
Mass....	12,739	1,748	434	5,271	3,759	532	994

NOTE: See footnotes at end of table.

PUBLIC
ASSISTANCE

OLD-AGE ASSISTANCE: PAYMENTS FOR VENDOR MEDICAL BILLS IN STATES
REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962 ^{1/} (Cont)
(000's)

State	Total	<u>In all States reporting for specified type of service</u>					
		Phy- sicians' services <u>2/</u>	Other practi- tioners' <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other <u>3/</u>
Mich....	\$ 7,621	\$ 606	--	\$6,883	--	---	\$ 132
Minn....	26,323	2,171	\$ 53	9,819	\$2,850	\$10,760	670
Miss....	1,259	--	--	1,259	--	--	--
Mo.....	7,149	--	--	1,786	--	5,363	--
Mont....	16	7	--	8	--	1	1
Nebr....	4,723	--	--	1,319	--	3,404	--
Nev.....	362	60	4	--	74	152	72
N. H....	1,372	149	10	397	316	429	71
N. J....	4/7,888	124	6	246	192	3,271	111
N. Mex..	1,757	196	1	560	230	701	69

NOTE: See footnotes at end of table.

OLD-AGE ASSISTANCE: PAYMENTS FOR VENDOR MEDICAL BILLS IN STATES
REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962 ^{1/} (Cont)
(000's)

State	Total	In all States reporting for specified type of service					
		Phys- sicians' services <u>2/</u>	Other practi- tioners' <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other <u>3/</u>
N. Y....	\$11,375	\$ 1,874	\$ 8	\$7,278	\$1,431	\$ 196	\$ 587
N. C....	2,689	--	--	2,689	--	--	--
N. D....	2,027	332	11	1,114	343	155	72
Ohio....	16,399	<u>5/</u> 2,567	<u>5/</u>	9,972	3,217	27	617
Okla....	18,243	2,980	--	7,106	--	5,430	2,727
Oreg....	6,293	384	53	1,223	272	4,300	61
Pa.....	3,586	624	--	975	1,668	--	319
P. R....	212	--	--	190	--	--	22
R. I....	1,164	134	12	598	324	--	96
S. C....	1,366	--	--	1,286	--	80	--

NOTE: See footnotes at end of table.

OLD-AGE ASSISTANCE: PAYMENTS FOR VENDOR MEDICAL BILLS IN STATES
REPORTING SPECIFIED TYPE OF SERVICE, FISCAL YEAR 1962 1/ (Cont)

(000's)

State	Total	In all States reporting for specified type of service					
		Physicians' services <u>2/</u>	Other practitioners' <u>2/</u>	In-patient hospital care	Pre-scribed drugs	Nursing home care	Other <u>3/</u>
S. D....	\$ 912	\$ 240	--	\$ 669	--	--	\$ 4
Tenn....	2,660	--	--	1,687	--	\$ 973	--
Texas <u>2/</u>	8,657	1,412	--	6,275	--	969	--
Utah....	2,264	126	--	386	\$324	1,372	57
Vt.....	1,618	53	--	389	--	1,177	--
V. I....	<u>4/</u> 26	--	--	--	--	--	--
Va.....	2,235	--	--	567	--	1,667	--
Wash....	20,230	1,673	\$ 3	4,720	1,225	12,307	302
W. Va...	1,471	<u>5/</u> 301	<u>5/</u>	874	233	--	63
Wis.....	20,768	1,731	59	5,730	1,628	10,892	728
Wyo.....	431	93	--	242	--	97	--

NOTE: See footnotes at end of table.

FOOTNOTES FOR PRECEDING TABLE

- 1/ For States operating pooled funds or other prepayment plans, data represent payments out of these funds to specified type of vendor. Totals differ from "Source of Funds Expended for Public Assistance" which represent assistance payments into these funds. The following States made no vendor payments: Alaska, Arizona, and Delaware.
- 2/ Includes drugs dispensed by medical practitioners when these costs are not reported separately.
- 3/ Includes \$6,268,000 in-payments for dental care and payments for other goods or services such as eyeglasses, prosthetic devices, visiting nurse service, ambulance, and X-ray and laboratory services if not included in hospital bill.
- 4/ Includes \$3,965,000 in payments for which type of service was not reported: \$1,000 in Guam; \$3,938,000 in New Jersey, and \$26,000 in Virgin Islands.
- 5/ "Other practitioners' services" included in "Physicians' services."
- 6/ Less than \$500.
- 7/ Vendor medical program in operation less than one year.

SOURCE: U. S. Department of Health, Education, and Welfare, Welfare Administration, Bureau of Family Services. Public Assistance: Vendor Payments for Medical Care by Type of Service, Fiscal Year Ended June 30, 1962.

UNDER THE OLD-AGE ASSISTANCE PROGRAM, the average cost of medical care provided QAA recipients through vendor payments in fiscal year 1962 was \$12.91 per recipient per month. The amounts shown represent the averages resulting from the relation of vendor payments to the number of recipients of money payments and/or those having only vendor payments made in their behalf, i.e., the total of all persons eligible for medical care. The average for nursing home care, although comparatively high, does not reflect the relative magnitude of nursing home costs since amounts included in money payments for this type of care are greater than for any other type.

OLD-AGE ASSISTANCE: AVERAGE MONTHLY AMOUNT PER RECIPIENT OF
ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962

(See pp. 98-103)

SOURCE: U.S. Department of Health, Education, and Welfare, Welfare
Administration, Bureau of Family Services. Public Assistance: Vendor
Payments for Medical Care by Type of Service, Fiscal Year ended
June 30, 1962.

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ASSISTANCE

OLD-AGE ASSISTANCE: AVERAGE MONTHLY AMOUNT PER RECIPIENT OF
ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962 ^{1/}

<u>In all States reporting for specified type of service</u>							
State	Total	Phy- sicians' services <u>2/</u>	Other practi- tioners' services <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other <u>3/</u>
Total. <u>4/</u>	<u>\$12.91</u>	<u>\$1.63</u>	<u>\$0.08</u>	<u>\$4.40</u>	<u>\$1.62</u>	<u>\$4.20</u>	<u>\$0.83</u>
Median. <u>5/</u>	<u>13.03</u>	<u>2.04</u>	<u>.11</u>	<u>5.86</u>	<u>2.92</u>	<u>4.71</u>	<u>.56</u>
Ala....	4.65	<u>6/</u> .01	<u>6/</u>	2.32	--	2.32	--
Ark....	7.83	.19	.03	3.65	.01	3.67	.28
Calif..	12.51	4.57	.44	.75	3.10	--	3.64
Colo...	16.41	3.09	--	7.96	.64	4.71	<u>7/</u>
Conn...	70.24	2.07	.31	12.64	3.96	49.65	1.60
Dist.of Col	25.86	--	--	12.55	.02	--	13.30
Fla....	12.87	--	--	3.20	5.53	4.13	--
Ga. <u>4/</u>	2.85	--	--	1.04	--	1.81	--
Guam <u>4/8/</u>	11.44	--	--	--	--	--	--
Hawaii.	14.79	.24	--	12.45	.41	.08	1.62

NOTE: See footnotes at end of table.

OLD-AGE ASSISTANCE: AVERAGE MONTHLY AMOUNT PER RECIPIENT OF
ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962 1/ (Cont)

<u>In all States reporting for specified type of service</u>							
State	Total	Physicians' services <u>2/</u>	Other practitioners' services <u>2/</u>	In-patient hospital care	Pre-scribed drugs	Nursing home care	Other <u>3/</u>
Idaho....	\$11.28	\$4.02	--	\$ 5.60	--	\$ 1.67	--
Ill.....	35.70	2.74	\$ 0.07	9.74	\$ 4.22	17.70	\$1.24
Ind.....	22.59	4.46	.10	6.16	3.51	7.93	.42
Iowa.....	25.07	3.53	.11	--	5.22	15.65	.56
Kans.....	14.76	2.36	--	5.54	3.54	--	3.31
Ky.....	2.65	.68	--	1.34	.61	--	.02
La.....	9.07	1.22	<u>7/</u>	3.75	1.55	2.48	.07
Maine....	22.54	<u>7/</u>	--	6.23	--	16.31	<u>7/</u>
Md.....	8.02	.98	--	3.08	2.03	1.52	.41
Mass.....	17.23	2.36	.59	7.13	5.08	.72	1.35

NOTE: See footnotes at end of table.

OLD-AGE ASSISTANCE: AVERAGE MONTHLY AMOUNT PER RECIPIENT OF
ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962 1/ (Cont)

State	Total	<u>In all States reporting for specified type of service</u>					Other <u>3/</u>
		Phy- sicians' services <u>2/</u>	Other practi- tioners' services <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	
Mich.....	\$11.62	\$ 0.92	--	\$10.49	--	--	\$ 0.20
Minn.....	48.97	4.04	\$ 0.10	18.27	\$5.30	\$20.02	1.25
Miss.....	1.31	--	--	1.31	--	--	--
Mo.....	5.35	--	--	1.34	--	4.02	--
Mont.....	.21	.09	--	.10	--	.01	.01
Nebr.....	28.24	--	--	7.89	--	20.35	--
Nev.....	42.02	2.01	.12	--	2.45	5.05	2.39
N. H.....	24.18	2.63	.18	6.99	5.57	7.56	1.24
N. J., 4/ .	35.19	.56	.03	1.10	.86	14.59	.50
N. Mex...	13.39	1.50	.01	4.27	1.75	5.34	.53

NOTE: See footnotes at end of table.

OLD-AGE ASSISTANCE: AVERAGE MONTHLY AMOUNT PER RECIPIENT OF
ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962 1/ (Cont)

<u>In all States reporting for specified type of service</u>							
<u>State</u>	<u>Total</u>	Phys- icians' services <u>2/</u>	Other practi- tioners' services <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other <u>3/</u>
N. Y.....	\$15.97	\$2.63	\$0.01	\$10.22	\$2.01	\$0.28	\$0.82
N. C.....	4.80	--	--	4.80	--	--	--
N. D.....	26.13	4.28	.14	14.36	4.42	1.99	.94
Ohio.....	15.38	<u>6/</u> 2.41	<u>6/</u>	9.35	3.02	.02	.58
Okla.....	17.52	2.86	--	6.83	--	5.22	2.62
Oreg.....	32.80	2.00	.28	6.38	1.42	22.41	.31
Pa.....	6.08	1.06	--	1.65	2.83	--	.55
P. R.....	.48	--	--	.43	--	--	.05
R. I.....	15.15	1.75	.15	7.79	4.22	--	1.25
S. C.....	3.82	--	--	3.60	--	.22	--

NOTE: See footnotes at end of table.

PUBLIC
ASSISTANCE

OLD-AGE ASSISTANCE: AVERAGE MONTHLY AMOUNT PER RECIPIENT OF
ASSISTANCE FOR VENDOR MEDICAL BILLS PAID, FISCAL YEAR 1962 1/ (Cont)

State	Total	In all States reporting for specified type of service					
		Phy- sicians' services <u>2/</u>	Other pract- itioners' services <u>2/</u>	In- patient hospital care	Pre- scribed drugs	Nursing home care	Other <u>3/</u>
S. D.....	\$ 9.09	\$2.39	--	\$6.66	--	--	\$0.04
Tenn.....	4.24	--	--	2.69	--	\$1.55	--
Tex. <u>8/</u> ..	6.55	1.07	--	4.75	--	.73	--
Utah.....	26.43	1.48	--	4.50	\$3.78	16.01	.66
Vt.....	24.38	.80	--	5.86	--	17.72	--
V. I. <u>4/</u> .	3.99	--	--	--	--	--	--
Va.....	13.03	--	--	3.31	--	9.73	--
Wash.....	37.00	3.06	\$0.01	8.63	2.24	22.51	.55
W. Va.....	6.82 <u>6/</u>	1.40	<u>6/</u>	4.05	1.08	--	.29
Wis.....	53.10	4.43	.15	14.65	4.16	27.85	1.86
Wyo.....	12.53	2.69	--	7.02	--	2.82	--

NOTE: See footnotes at end of table.

FOOTNOTES FOR PRECEDING TABLE

- 1/ The following States made no vendor payments: Alaska, Arizona, and Delaware.
 - 2/ Includes drugs dispensed by medical practitioners when these costs are not reported separately.
 - 3/ Includes an average of \$0.23 per recipient of assistance in payments for dental care and payments for other goods or services such as eyeglasses, prosthetic devices, visiting nurse service, ambulance, X-ray and laboratory services if not included in hospital bill. (Median, \$0.19).
 - 4/ Includes an average of \$0.15 per recipient of assistance in payments for which type of service was not reported; Guam, \$11.44; New Jersey, \$17.57; and Virgin Islands, \$3.99.
 - 5/ Computed only for States reporting specified service.
 - 6/ "Other practitioners' services" included in "Physicians' services."
 - 7/ Less than 1 cent.
 - 8/ Vendor medical program in operation less than one year.
-

SOURCE: U. S. Department of Health, Education, and Welfare, Welfare Administration, Bureau of Family Services. Public Assistance: Vendor Payments for Medical Care by Type of Service, Fiscal Year Ended June 30, 1962.

IV State Licensure Programs

NURSING HOMES

All States and Territories, excluding Guam and the Virgin Islands, license nursing homes. The licensure responsibility is assigned to several types of agencies.

In 46 States and Territories, the licensing agency is the State health department.

In 3 States it is the State welfare department and in 2 States and the District of Columbia agencies other than health and welfare have such responsibility.

HOMES FOR THE AGED

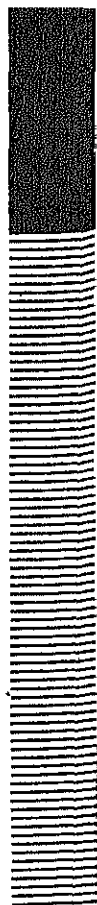
Only Alabama, Guam, Puerto Rico, South Carolina, and the Virgin Islands do not license these facilities.

In 39 States and Territories, the health department is the agency having the licensure responsibility.

In 7 States it is the State welfare department and in 2 States and the District of Columbia some other department of State government administers the licensure program.

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Chronic Diseases. Directory of State Agencies Having Primary Responsibility for the Licensure and/or Regulations of Hospitals, Nursing Homes, and Homes for the Aged, (as of July 1, 1961). 5 pp. Processed.

V Construction Programs



HILL-BURTON PROGRAM

Legislative Background

1946 Hospital Survey and Construction -- Hill-Burton Program --
enacted in August 1946 (Public Law 79-725, Title VI of the
Public Health Service Act)

Authorized funds for grants to States for:

- . Surveying needs and developing State plans for
 construction of facilities
- . Assisting in constructing and equipping needed public and
 voluntary nonprofit general, mental, tuberculosis, and
 chronic disease hospitals, and public health centers

1954 Amendments broadened program to provide specific grants for con-
struction of public and voluntary nonprofit nursing homes, diag-
nostic and treatment centers, rehabilitation facilities, and
chronic disease hospitals (Public Law 83-482, July 1954)

- . In the 1954 appropriation bill, funds were appropriated to
 the Public Health Service for the first time to conduct
 and make grants for hospital research (although author-
 ization for such research was provided in 1949 amendments).

HILL-BURTON PROGRAM (Cont)

1961 Community Health Services and Facilities Act of 1961
 (Public Law 87-395, October 1961)

- . Increased appropriation authorization from \$10 to \$20 million annually for construction of nursing homes.
- . Raised annual research appropriation authorization to \$10 million and authorized experimental and demonstration construction and equipment projects.

Hill-Burton Appropriations

- . Hill-Burton appropriations have varied from \$75 million for 1948 fiscal year to \$220 million for 1963 fiscal year.
- . 1963 fiscal year appropriation:

<u>Category</u>	<u>Amount</u> (millions)
Nursing homes	\$ 20
Chronic disease hospitals	20
Rehabilitation facilities	10
Diagnostic or treatment centers	20
Hospitals and public health centers	150

HILL-BURTON
PROGRAM

HILL-BURTON PROGRAM (Cont)

Nursing Home Projects Approved

By December 31, 1962, a total of 439 nursing home projects had been approved since the beginning of the Program. These projects which provided 23,376 beds involved:

- . \$256.1 million in total project costs
- . \$ 85.0 million in Hill-Burton funds
- . \$171.1 million in State and local funds.

SMALL BUSINESS ADMINISTRATION CONSTRUCTION PROGRAM

- . Inaugurated in August 1956 (Public Law 85-356)
- . Provides commercial loans to hospitals, convalescent and nursing homes, and medical and dental laboratories for:
 - . Construction of new facilities.
 - . Expansion or improvement of existing facilities.
 - . Purchase of equipment, facilities, machinery, supplies, or materials.
 - . Working capital.
- . Facilities must be privately owned and operated for profit and must qualify as a small business.
 - . A hospital qualifies if its capacity does not exceed 100 beds.
 - . A convalescent and nursing home qualifies if its annual dollar volume of receipts does not exceed \$1 million.
- . Types of loans available:
 - . Participating loans made jointly by SBA and banks or other private lenders.

SMALL BUSINESS ADMINISTRATION

SMALL BUSINESS ADMINISTRATION CONSTRUCTION PROGRAM (Cont)

- . Direct loans made only if private lender cannot or will not participate.
- . Limited loans, made to small businesses under special participation plan, up to \$25,000 or 75 percent of total amount of loan, whichever is less.
- . Maximum loan -- \$350,000. If a bank participates, its share must be at least 10 percent of total.
- . Maximum maturity period of an SBA loan is 10 years.
- . Maximum interest rate is 5½ percent except in designated area redevelopment areas where the interest rate may not exceed 4 percent.

Nursing Homes Assisted

- . As of December 31, 1962, a total of 337 loans amounting to \$23.4 million had been approved for nursing homes.

FEDERAL HOUSING ADMINISTRATION PROGRAM

- . Housing Act of 1959 (Public Law 86-372) authorized the Commissioner of the Federal Housing Administration, Housing and Home Finance Agency, to insure mortgages for the construction or rehabilitation of qualified proprietary nursing homes. Projects must be skilled nursing homes of not less than 20 beds.
 - . FHA must receive certification from the State Hill-Burton Agency that:
 - . Home is needed.
 - . Reasonable minimum standards for licensing and operating nursing homes are in force in State.
 - . Satisfactory assurance that such standards will be applied and enforced with respect to nursing homes insured under this program.
 - . Maximum interest rate is $5\frac{1}{2}$ percent plus FHA insurance of $\frac{1}{2}$ of 1 percent.
 - . Maximum mortgage maturity period is 20 years.
 - . Mortgage may involve up to 90 percent of estimated value of completed project.
- Nursing Homes Assisted
- . As of December 31, 1962, FHA approved mortgage insurance for 166 projects totaling \$80 million.

AREA REDEVELOPMENT ADMINISTRATION

AREA REDEVELOPMENT ADMINISTRATION PROGRAM

Area Redevelopment Act (72 Stat. 47; U.S.C. 2501) authorized the Secretary of Commerce to establish the Area Redevelopment Administration.

Purpose of legislation: Economic development in "redevelopment areas." Loans are authorized for commercial facilities.

Private Nursing Homes are provided loans if they are structurally adequate for the safety and proper care of occupants, economically sound as business enterprises, and will provide employment commensurate with the amount of financial assistance requested from ARA. Other stipulations include:

- . Certification is required from State that home is needed; minimum standards in effect for licensing and operation, and standards will be enforced.
- . Funds not available from FHA or SBA.
- . FHA minimum property standards for nursing homes will be met in construction.
- . Participating and direct loans, up to 65% of aggregate project cost, with 10% minimum from governmental or community group, and 5% minimum equity.
- . Rate: 4% for maximum of 25 years (15 years on machinery and equipment portion of loan).

VI Noninstitutional Services for the Chronically Ill and Aged

COMMUNITY HEALTH SERVICES ACT

COMMUNITY HEALTH SERVICES AND FACILITIES ACT OF 1961

- . Although broad in its provisions, the Community Health Services and Facilities Act of 1961 is designed to stimulate improvements in out-of-hospital services, especially for the chronically ill and aged (Public Law 87-395; October 5, 1961), offering additional Federal aid to:
 - . State health departments for establishing and expanding out-of-hospital community health services for the chronically ill and aged.
 - . Public and other nonprofit agencies for experiments, studies, and demonstrations of new methods of providing out-of-hospital services.
 - . Public and other nonprofit organizations for the construction of nursing homes.
- . The 1961 legislation made provisions for the following:
 - . Increased the authorization for matching grants for the construction of health research facilities from \$30 million to \$50 million a year.
 - . Authorized the Congress to earmark appropriations for formula grants for specific purposes. Through this provision, increased funds are being made available for community health services.

- . Vested project grant authority in the Public Health Service and authorized the appropriation of \$10 million a year for project grants to be awarded to private nonprofit and public organizations for the development of new and improved community health services outside of hospitals.
- . Authorized more money for hospital research and demonstration (\$10 million annually compared to the previous \$1.2 million ceiling) and liberalized the terms so that for the first time, these funds can be used to make grants for portions of facilities that involve experimental design features for equipment.
- . Increased the Hill-Burton grant authorization for nursing home construction from \$10 million to \$20 million.
- . Liberalized the provisions for granting Hill-Burton assistance for the construction of rehabilitation facilities. Formerly, rehabilitation funds were available only for centers that offered medical, psychological, social, and vocational services. Under the new law, any nonprofit rehabilitation center that will offer medical plus one of the three other services is eligible for construction funds.
- . Major program areas with which the studies, demonstrations and experiments deal include nursing homes, home nursing, coordinated home care, homemaker services, disease detection centers, community organizations, and dental health.

VOLUNTARY GROUPS, especially visiting nurse associations, have been providing nursing services to patients in their homes for over half a century. In a relatively few communities, nursing care of the sick at home is given through a combined service which has been developed through joint efforts of official and voluntary groups. More recently some official health agencies have extended their programs to include nursing care of sick and disabled persons at home.

A 1961 Public Health Service study reveals that 70 percent of all cities with a 1960 population of 25,000 and over (470 out of 676 cities) have at least one agency which provides "nursing service to all types of patients and on a continuing basis as needed." Most of these programs (80 percent) were provided by visiting nurse associations. While available statistics do not indicate the extent to which these programs meet existing needs, the extent of coverage, in general, is limited by lack of personnel and inadequate financial support. No data are currently available on the number of home nursing service programs in communities of less than 25,000 population.

CITIES HAVING A NURSING CARE OF SICK PROGRAM, AUGUST 1961

<u>All cities over 25,000 population</u>			
<u>Size of city</u>	<u>Total</u>	<u>Number with program</u>	<u>Number without program</u>
Total	<u>676</u>	<u>470</u>	<u>206</u>
25,000 - 49,999	366	221	145
50,000 - 99,999	180	137	43
100,000 - 199,999	70	55	15
200,000 - 299,999	18	16	2
300,000 and over	42	41	1

<u>Type of administering agency</u>	<u>Cities with programs</u>
Total	<u>470</u>
Visiting nurse association	377
Official agency	45
Combination of agencies	48

SOURCE: U.S. Department of Health, Education, and Welfare. Report on Nursing Care of the Sick at Home. PHS Publication No. 901, 1962, pp. 20-21.

THERE IS A SERIOUS SHORTAGE of homemaker services for the care of the chronically ill, despite widespread interest in the use of such services. According to a 1961 nationwide survey, more than 200 homemaker agencies provide homemaker services in 40 States, the District of Columbia, and Puerto Rico. These agencies employed nearly 2,700 homemakers and cared for approximately 5,500 families during one month of 1961.

HOMEMAKER PROGRAMS, OCTOBER 1961

<u>Type of agency</u>	<u>Number of agencies</u>	<u>Homemakers employed</u>			<u>Families served</u>
		<u>Total</u>	<u>Full-time</u>	<u>Part-time</u>	
Total	<u>208</u>	<u>2,664</u>	<u>1,745</u>	<u>919</u>	<u>5,454</u>
Percent distribution					
Voluntary	<u>68</u>	<u>80</u>	<u>72</u>	<u>96</u>	<u>65</u>
Family-child service	<u>48</u>	<u>46</u>	<u>47</u>	<u>44</u>	<u>37</u>
Visiting nurse	<u>4</u>	<u>4</u>	<u>2</u>	<u>7</u>	<u>5</u>
Independent	<u>10</u>	<u>20</u>	<u>18</u>	<u>25</u>	<u>14</u>
Health	<u>3</u>	<u>4</u>	<u>2</u>	<u>8</u>	<u>4</u>
Other	<u>3</u>	<u>6</u>	<u>3</u>	<u>12</u>	<u>5</u>
Public	<u>32</u>	<u>20</u>	<u>28</u>	<u>4</u>	<u>35</u>
Welfare	<u>31</u>	<u>20</u>	<u>28</u>	<u>4</u>	<u>35</u>
Welfare and health	<u>1</u>	<u>1/</u>	<u>1/</u>	<u>1/</u>	<u>1/</u>

1/ Less than 0.5 percent.

SOURCE: U.S. Department of Health, Education, and Welfare. Directory of Home-maker Services, 1961. PHS Publication No. 928, 1962, p.4.

ELIGIBILITY FOR HOME MAKER SERVICES in most programs is limited to low-income families having children and to aged, chronically ill, or disabled persons. There is general agreement that further development of effective homemaker services to the chronically ill, and of programs of home aid, would help to prevent unnecessary or premature institutionalization and enable persons to return to their homes from hospitals, nursing homes, or other institutions where they might otherwise have remained for an unwarranted period.

HOMEMAKER PROGRAMS, OCTOBER 1961

<u>Type of family eligible</u>	<u>Agencies</u>	
	<u>Number</u>	<u>Percent</u>
Total	<u>208</u>	<u>100</u>
Only families with children	65	31
Only adult families <u>1</u> /.....	9	4
Both families with children and adult families	134	65

1/ Either ill or disabled adults and/or aged, including one adult living alone.

SOURCE: U.S. Department of Health, Education, and Welfare.
Directory of Homemaker Services, 1961. PHS Publication
No. 928, 1962, p. 5.

ORGANIZED HOME CARE services have existed in the United States since the last quarter of the eighteenth century. Despite increasing awareness of the need for such programs, particularly in the last 20 years, their development has been relatively slow. According to a 1960 survey by the Public Health Service, there were 33 coordinated home care programs in the United States serving an average of 3,631 persons daily. Two-thirds of these programs are hospital-administered, the remainder are operated out of public health departments, medical schools, or visiting nurse associations.

Various definitions have been utilized to delineate the structure of the coordinated home care program. Since there is now general agreement that coordination is the key to effective administration of home care services, the following definition of coordinated home care has been adopted by the American Medical Association, American Hospital Association, Blue Cross-Blue Shield, and the Public Health Service:

A coordinated home care program is one that is centrally administered and through coordinated planning, evaluation and follow-up procedures, provides for physician-directed medical, nursing, social and related services to selected patients at home.

COORDINATED HOME CARE PROGRAMS, 1960

<u>Region of location</u>	<u>No. of programs</u>	<u>Average daily census</u>	
Total	<u>33</u>	<u>3,631</u>	
New England	6	200	
Middle Atlantic	10	2,521	
South Atlantic	7	307	
North Central	5	238	
Pacific	4	345	
South Central	1	20	
<u>Base of operation</u>			
<u>Program administration</u>	<u>Total</u>	<u>Hospital- based</u>	<u>Community- based</u>
Total	<u>33</u>	<u>27</u>	<u>6</u>
Voluntary hospital	15	15	-
Public hospital	7	7	-
Public health department	4	2	2
Medical school	4	3	1
Visiting nurse association	3	-	3

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Chronic Diseases, Care Services Section, December 1962.

VII Personnel Training Programs

TRAINING PROGRAMS for various categories of personnel employed by nursing homes and related facilities are available throughout the United States and are offered under the auspices of official governmental, voluntary and nonprofit agencies, and a number of academic institutions.

The availability of training programs varies from area to area and training is frequently offered to meet an immediate local need. The duration of various training programs ranges from one- and two-day workshops through two-year graduate academic programs leading to an advanced degree in Nursing Home Administration. New approaches to training programs for nursing home personnel include supervised home study programs and extension type programs leading to a certificate of program completion.

In addition to training programs specifically planned for nursing home personnel, many academic institutions offer courses to the community, through extension or evening divisions, which have general application to the skills required by the nursing home staff. Frequently, academic institutions develop courses or workshops to meet a need if requested by a community group.

Information concerning the content and availability of current training programs and assistance in the development of new programs may be obtained through State agencies responsible for nursing home regulation, State vocational education departments, voluntary agencies in the nursing home field, Office of Vocational Education, U.S. Office of Education, and Division of Chronic Diseases, U.S. Public Health Service.

TRAINING PROGRAMS FOR NURSING HOME PERSONNEL

<u>Personnel category</u>	<u>By whom trained</u>	<u>Training program content</u>
Administrators and administrative personnel	Academic institutions Official govt. agencies Voluntary agencies	Theory and practice of administration and administrative operations
Supervisory and staff nursing personnel	Academic institutions Official govt. agencies Voluntary agencies	Supervision, geriatric nursing technique, and management
Nurses' aides	Official govt. agencies Voluntary agencies	Basic nursing skills and care technique
Food service personnel	Academic institutions Official govt. agencies Voluntary agencies	Food service management and nutritional problems of the aged and chronically ill

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Chronic Diseases, Nursing Home Branch, January 1962.

DURATION OF TRAINING PROGRAMS FOR NURSING HOME PERSONNEL

One-day to one-week institutes, seminars and workshops.

Short courses (less than semester or quarter duration).

Semester or quarter duration courses.

Extension type programs (over a prolonged period, with or without a certificate of completion).

Undergraduate academic programs (two to four years in duration, leading to an undergraduate degree); planned in the future.

Graduate degree programs (two years in duration, leading to a graduate degree in Nursing Home Administration); available at the present time.

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Chronic Diseases, Nursing Home Branch, January 1962.

VIII Related Background Data

1

PERSONS AGED 65 AND OVER totaled 17.3 million in 1962 and the number is growing at the rate of over 1,000 a day. The aged represent 9.3 percent of the population of the United States, more than a five-fold increase since 1900 when the aged totaled 3.1 million, or only 4 percent of the population.

Although the proportion of older people is expected to increase only slightly during the 1960-70 decade, their numbers will exceed 20 million by 1970, and on the average they will be older than the present aged group.

In about two-fifths of the States, at least 10 percent of the population was aged 65 and over on April 1, 1960, and in only 8 States and Puerto Rico were there fewer than 7 percent.

POPULATION, 1900-62

Year (July 1)	Total (in millions)	Persons 65 and over (in millions)	Percent of total population, by age			
			Under 19	20 - 44	45 - 64	65 & over
1900	76.1	3.1	44.2	37.9	13.8	4.1
1910	92.4	4.0	41.8	39.1	14.7	4.3
1920	106.5	4.9	40.7	38.5	16.1	4.6
1930	123.1	6.7	38.6	38.4	17.5	5.4
1940	132.1	9.0	34.3	39.0	19.9	6.8
1950	151.7	12.3	34.0	37.7	20.3	8.1
1960 (Apr.)	180.0	16.6	38.4	32.4	20.0	9.2
1962	186.6	17.3	39.1	31.6	20.0	9.3

PROJECTIONS (Based on various assumptions of fertility)1970

II	214.2	20.0	40.4	30.5	19.7	9.4
III	208.9	20.0	38.9	31.2	20.2	9.6

1980

II	259.6	24.5	41.9	31.6	17.0	9.4
III	245.7	24.5	38.7	33.4	18.0	10.0

SOURCE: U.S. Department of Health, Education, and Welfare, Office of the Secretary, HEW Trends: 1962 Edition, p. 3, and HEW Indicators, November 1962, p. 1.

LIFE EXPECTANCY at birth has reached 69.7 years (1959 data). For males, it approaches 67 years and is 73 years for females. Since 1900, life expectancy has increased about 20 years for males and about 22 years for females. By 1970 it may increase an additional 2 years for each sex.

On the basis of 1959 death rates, the average male now aged 65 may expect to live about 13 years; the average female of the same age may expect to live about 16 years.

LIFE EXPECTANCY, 1900-70

	<u>Average remaining years of life</u>		
	<u>Total</u>	<u>Males</u>	<u>Females</u>
<u>At birth</u>	<u>population</u>		
1900-02	49.2	47.9	50.7
1959	69.7	66.5	73.0
1970 <u>1</u> /	-	68.8	75.2
<u>At age 45</u>			
1900-02	24.8	24.1	25.4
1959	29.3	26.9	31.9
1970 <u>1</u> /	-	28.3	33.4
<u>At age 65</u>			
1900-02	11.9	11.5	12.2
1959	14.1	12.7	15.5
1970 <u>1</u> /	-	13.7	16.6

1/ Projections.

SOURCE: U.S. Department of Health, Education, and Welfare, Office of
the Secretary. HEW Trends: 1962 Edition, p. 13.

ONLY 615,000 PERSONS, or less than 4 percent of
of all persons aged 65 and over, were in institutions
according to the 1960 Census. Of those not institution-
alized and not living with a spouse, about one-half
lived with relatives and one-half lived alone or with
nonrelatives. Thus, about 7 out of every 10 persons
aged 65 and over live alone or in 2-person families.

LIVING ARRANGEMENTS OF AGED, MARCH 1961

Percent distribution of persons aged 65 and over

<u>Status</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Total, 65 and over	<u>100.0</u>	<u>44.8</u>	<u>55.2</u>
Married, spouse present	<u>50.9</u>	<u>31.2</u>	<u>19.7</u>
Other, by living arrangements	<u>49.1</u>	<u>13.6</u>	<u>35.5</u>
In families	23.1	6.0	17.2
Living alone or lodging	22.3	6.1	16.2
In institutions	3.7	1.5	2.2

SOURCE: U.S. Department of Health, Education, and Welfare, Social Security Administration. The Health Care of The Aged, 1962, p. 13 (U.S. Bureau of the Census data).

THE AVERAGE (MEDIAN) MONEY INCOME of families headed by a person aged 65 and over was about \$2,900 in 1960 -- approximately one-half that for families headed by persons under 65. The average annual income for aged couples was \$2,500 in contrast to \$5,300 for younger two-person families. The proportion reporting annual incomes of less than \$2,000 was over twice as large -- 36 percent among older two-person families as compared with 16 percent of the younger two-person families.

Aged persons living alone or with nonrelatives generally had much lower incomes than aged couples; the average was \$1,053.

MONEY INCOME
OF AGED

MONEY INCOME OF FAMILIES, 1960 ^{1/}

<u>Income and age of family head</u>	<u>All 2/ families</u>	<u>Families containing --</u>			
		<u>2 persons</u>	<u>3 persons</u>	<u>4 persons</u>	<u>5 or more persons</u>
Median money income of family:					
Head 65 and over	\$2,897	\$2,530	\$4,122	\$6,100	\$5,727
Head under 65	5,905	5,314	5,930	6,300	6,074
Percent having incomes					
Under \$2,000:					
Head 65 and over	31.4	35.7	20.3	17.6	17.9
Head under 65	10.2	16.0	9.0	6.5	8.9
\$7,000 and over:					
Head 65 and over	16.4	11.5	23.5	41.4	37.9
Head under 65	37.1	31.1	37.8	41.0	38.8
Percent distribution by size:					
Head 65 and over	100.0	72.9	16.4	5.1	5.6
Head under 65	100.0	26.4	21.6	22.9	29.1

^{1/} Represents noninstitutional population.

^{2/} Mean sizes: 65 and over, 2.5 persons; under 65, 3.9 persons.

SOURCE: U.S. Bureau of the Census. Income of Families and Persons in the United States: 1960. Current Population Reports; Consumer Income, Series P-60, No. 37, January 17, 1962.

MORE THAN 12 MILLION persons aged 65 and over were reported as having one or more chronic conditions during 1959-61, according to the U.S. National Health Survey. The proportion of aged persons with such conditions is about twice the proportion of individuals in the general population having chronic illnesses. While some of these conditions are relatively minor afflictions, such as sinusitis, hay fever, or bronchitis, many more are serious conditions such as high blood pressure, heart disease, or diabetes.

As age increases, the impact of chronic illness becomes more severe: forty-five percent of persons 65 years of age and over had some activity limitation in contrast to 7.4 percent of those aged 17-44.

PREVALENCE OF
CHRONIC ILLNESS

CHRONIC CONDITIONS AND LIMITATION OF ACTIVITY, JULY 1959 - JUNE 1961

<u>Age group</u>	<u>Distribution of noninstitutional population</u>				
	<u>Total</u>	<u>No</u>	<u>With one or more chronic conditions</u>		
		<u>chronic</u>	<u>Not</u>	<u>Partially</u>	<u>Completely</u>
		<u>conditions</u>	<u>limited</u>		
	<u>Number of persons (000's)</u>				
Total	176,302	102,453	54,577	15,299	3,974
Under 17	61,911	50,795	9,996	987	133
17 - 44	63,068	34,473	23,943	4,230	422
45 - 64	35,989	13,921	15,475	5,548	1,045
65 and over	15,334	3,265	5,162	4,534	2,374
	<u>Percent distribution</u>				
Total	100.0	58.1	31.0	8.7	2.3
Under 17	100.0	82.0	16.1	1.6	.2
17 - 44	100.0	54.7	38.0	6.7	.7
45 - 64	100.0	38.7	43.0	15.4	2.9
65 and over	100.0	21.3	33.7	29.6	15.5

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, National Health Survey. Chronic Conditions Causing Limitation of Activities, United States, July 1959-June 1961. Health Statistics Series B-No. 36, October 1962, p. 19.

THE IMPACT OF CHRONIC ILLNESS becomes more severe with age. According to the U.S. National Health Survey, persons 65 and over in the civilian noninstitutional population reported an average of 38 days during the 1960 survey year when their usual activities were restricted because of illness or injury -- more than 2-1/2 times as many days as younger persons. On 14 of these days, the aged person was confined to bed all or most of the time in comparison to 5 days for those under 65.

DISABILITY DAYS, 1960

<u>Family income</u>	<u>Restricted-activity days</u> ^{1/}		<u>Bed-disability days</u> ^{2/}	
	<u>65 and over</u>	<u>Under 65</u>	<u>65 and over</u>	<u>Under 65</u>
Total	<u>37.8</u>	<u>14.2</u>	<u>13.6</u>	<u>5.3</u>
Under \$2,000	48.2	21.7	16.2	7.8
\$2,000 -- \$3,999	32.0	15.1	11.5	5.7
\$4,000 -- \$6,999	30.9	12.8	11.3	5.0
\$7,000 and over	33.4	11.9	13.5	4.4

^{1/} A day on which the person reduced his usual activities because of illness.

^{2/} A day on which a person was kept in bed all or most of the day because of illness or injury.

SOURCE: U.S. Department of Health, Education, and Welfare, Social Security Administration. The Health Care of the Aged, 1962. p. 19. (U.S. National Health Survey data).

AGED PEOPLE ARE HOSPITALIZED more often and stay longer than the younger age groups.

Data from the U.S. National Health Survey for the 1958-60 period show that discharges from general short-stay hospitals averaged 14.6 per 100 persons aged 65 and over as compared to 11.2 discharges per 100 persons who were under 65. On the average, aged persons spent about 2-1/2 times as many days in the hospital as persons under 65 -- 218 days as compared to 85 days per 100 persons. Their average length of stay was about twice as long -- 14.9 days as compared to 7.6 days for younger persons. Aged men remain in hospitals an average of 15.9 days as compared to 14 days for women.

Since these National Health Survey data exclude persons who died in the hospital or subsequently during the year preceding the interview, there is some understatement of hospital utilization. A survey based on hospital records indicates that the inclusion of hospitalization received by persons who died during the survey year would result in increases of one-fourth to one-third in the total volume of hospitalization for persons 65 and over.

GENERAL SHORT-STAY HOSPITALS, ^{1/} 1958-60

<u>Age group</u>	<u>Discharges per 100 persons</u>	<u>Hospital days per 100 persons</u>	<u>Average length of stay (days)</u>
Under 65, total.	11.2	85.0	7.6
65 and over.....	14.6	217.6	14.9
Under 45.....	9.0	70.1	6.3
45 - 54.....	11.1	128.0	11.5
55 - 64	12.2	148.7	12.2
65 - 74	14.1	204.1	14.4
75 and over	15.4	243.5	15.8

1/ Hospitals in which most patients stay for less than 30 days.

SOURCE: U.S. Department of Health, Education, and Welfare, Social Security Administration. The Health Care of the Aged, 1962, p. 25. (U.S. National Health Survey data).

MORE THAN ONE-FOURTH of the total hospital days for patients discharged from general short-stay hospitals during 1958-60 was for hospital stays exceeding one month, according to the U.S. National Health Survey. For patients 65 and over, nearly two-fifths of the days were for stays of 31 days or longer.

LENGTH OF STAY IN GENERAL SHORT-STAY HOSPITALS, 1958-60^{1/}

<u>Age group 2/</u>	<u>% distribution of hospital days, by length-of-stay (days)</u>					
	<u>Total</u>	<u>1 day</u>	<u>2 - 5</u>	<u>6 - 14</u>	<u>15 - 30</u>	<u>31 and over</u>
All ages	100.0	1.3	19.3	32.4	20.1	26.9
Under 15	100.0	4.5	23.6	28.1	20.5	23.3
15 - 24	100.0	1.9	42.9	30.9	9.4	15.0
25 - 44	100.0	1.1	28.4	35.2	14.8	20.5
45 - 64	100.0	.6	9.0	34.7	23.8	31.8
65 and over	100.0	.3	5.3	28.3	28.2	37.9

^{1/} Hospitals in which most patients stay for less than 30 days.^{2/} Represents age of patients discharged.

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, National Health Survey. Hospital Discharges and Length of Stay: Short-Stay Hospitals, United States, 1958-1960, Health Statistics Series B-No. 32, April 1962, p. 17.

OF EVERY 1,000 OASI BENEFICIARIES, 23 were in long-stay institutions, according to a 1957 survey. Their length of stay averaged 194 days. The majority of those institutionalized were in nursing homes; the average stay was more than 200 days.

The same survey revealed that there was one beneficiary aged 65 and over in a long-stay institution for every 5 elderly beneficiaries in a short-term general hospital. However, in terms of aggregate days of care provided, there were 2 days of care in a long-stay institution for every 1 day in a general hospital.

UTILIZATION OF LONG-STAY FACILITIES, 1957
(Annual Rates for Aged OASI Beneficiaries)

<u>Type of facility</u>	<u>Per 1,000 beneficiaries ^{1/}</u>		<u>Average length of stay (days)</u>
	<u>Number in institutions</u>	<u>Aggregate days</u>	
Total	<u>23.1</u>	<u>4,482</u>	<u>194</u>
Nursing homes	13.2	2,759	209
Mental institutions	3.5	972	277
Tuberculosis sanatoriums	3.2	526	164
Other	3.2	225	70

1/ Includes aged beneficiaries and their spouses aged 65 and over.

SOURCE: Aged Beneficiaries of Old-Age and Survivors Insurance: Highlights on Health Insurance and Hospital Utilization, 1957 Survey. Social Security Bulletin, December 1958.

NEARLY THREE-FIFTHS (59 percent) of all days of hospital and nursing home care in the Nation are provided in short-term hospitals, 7 percent in long-term hospitals, and 34 percent in nursing homes. The volume of care among the three types of facilities varies markedly from State to State and from Region to Region.

In the South Atlantic and East South Central States, which have a relatively low total volume of care, a relatively high proportion of the total -- 72 and 78 percent respectively -- is given in short-term hospitals. Perhaps this is because a poor population, unable to afford all the hospital care it needs, tends to use its money for short-term hospital care and persons needing care for chronic illness tend to be cared for at home. The proportion of total days of care provided in long-term hospitals and nursing homes is greatest in the New England and Pacific Regions -- in both over 50 percent of the total is in such facilities. However, the New England Region has a high volume of total institutional care, the Pacific Region a much smaller volume.

HOSPITAL AND NURSING HOME UTILIZATION

UTILIZATION OF GENERAL HOSPITALS AND SKILLED NURSING HOMES, 1960

Region	<u>Days of care per 1,000 pop.</u>				<u>% Distribution of days of care</u>			
	<u>Total</u>	<u>General hosps.</u>		<u>Skilled nursing homes</u>	<u>Total</u>	<u>General hosps.</u>		<u>Skilled nursing homes</u>
		<u>Short-term</u>	<u>Long-term</u>			<u>Short-term</u>	<u>Long-term</u>	
Total	<u>1,651</u>	<u>972</u>	<u>119</u>	<u>560</u>	<u>100.0</u>	<u>58.9</u>	<u>7.2</u>	<u>33.9</u>
New England	2,330	1,068	230	1,032	100.0	45.8	9.9	44.3
Middle Atlantic .	1,973	1,143	207	623	100.0	57.9	10.5	31.6
East No. Central.	1,744	1,029	141	574	100.0	59.0	8.1	32.9
West No. Central.	1,991	1,127	73	791	100.0	56.6	3.7	39.7
South Atlantic ..	1,246	893	52	301	100.0	71.7	4.2	24.1
East So. Central.	1,025	798	37	190	100.0	77.9	3.6	18.5
West So. Central.	1,350	837	25	489	100.0	62.0	1.8	36.2
Mountain.....	1,462	898	41	523	100.0	61.4	2.8	35.8
Pacific	1,646	807	157	682	100.0	49.0	9.6	41.4
Possessions	620	547	21	52	100.0	88.2	3.4	8.4

SOURCE: U. S. Department of Health, Education, and Welfare, Social Security Administration, Division of Program Research. Utilization of General Hospital and Skilled Nursing Home Care, by State and Region. Research and Statistics Note No. 17, July 27, 1962. (Prepared by Louis S. Reed).

MORE PHYSICIAN VISITS per year are reported for the elderly than for younger persons. During 1957-59, according to the U. S. National Health Survey, those aged 65 and over averaged 6.8 visits per year in contrast to persons under 65 years of age who averaged 4.8 visits annually.

PHYSICIAN VISITS OF AGED, 1957-59

<u>Chronic condition status</u>	<u>Number of visits per person per year, by age</u>		
	<u>65 and over</u>	<u>65 - 74</u>	<u>75 and over</u>
Total	<u>6.8</u>	<u>6.5</u>	<u>7.3</u>
No chronic condition	2.2	2.1	2.3
One or more chronic conditions..	8.1	8.0	8.3
No limitation of activity	5.3	5.2	5.4
Partial limitation	8.5	9.3	7.2
Major limitation	14.3	15.7	13.2

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, National Health Survey. Older Persons, Selected Health Characteristics, United States, July 1957-June 1959. Health Statistics Series C - No. 4, September 1960. 76 pp.

AMONG ELDERLY PERSONS not in institutions during July-December 1959, approximately 46 percent were covered by some form of hospital insurance; 37 percent had surgical insurance; and 10 percent had insurance for doctor visits outside the hospital. For the total population, according to the U.S. National Health Survey, the rates of coverage for these types of insurance were considerably higher -- 67 percent, 62 percent, and 19 percent, respectively.

A recent report by the Health Insurance Institute of New York states that "between 1952 and 1961, the proportion of the population, 65 and over, with health insurance increased from 26 percent to 53 percent."

INSURANCE COVERAGE, JULY-DECEMBER 1959

<u>Age group</u>	<u>Percent of persons having insurance</u>		
	<u>Hospital</u>	<u>Surgical</u>	<u>Doctor-visit</u>
All ages.....	<u>67.1</u>	<u>62.0</u>	<u>19.3</u>
Under 24.....	65.6	61.4	18.8
25 - 44.....	73.7	69.5	22.7
45 - 64.....	71.4	64.6	20.2
65 and over.....	46.1	37.1	10.2

SOURCE: U.S. Department of Health, Education, and Welfare, Public Health Service, National Health Survey. Interim Report on Health Insurance, United States, July-December 1959. Health Statistics Series B-No. 26, 67 pp.

FEWER PERSONS AGED 65 and over have any portion of their hospital bill paid by insurance than do younger persons. For insured older people the insurance pays a smaller proportion of the hospital bill than for insured younger persons. Data from the U. S. National Health Survey for 1958-60 showed that of the total aged patients discharged from short-stay hospitals, 49 percent had none of the hospital bill paid by insurance, 9 percent less than half, and only 30 percent had three-fourths or more paid. Comparable data for younger persons showed only 30 percent with none of the hospital bill paid by insurance and 54 percent with three-fourths or more paid.

The actual proportion of aged persons who had insurance coverage for hospital bills and the proportion of the bill covered are probably smaller than the data indicate because persons who died during the year are excluded from the survey. Insurance coverage in the older age groups, where the death rate is highest, drops sharply; in 1959 only 32.5 percent of persons aged 75 and over had any hospitalization insurance.

INSURANCE COVERAGE, 1958-60

Age and length of stay	Total discharges	Proportion of bill paid by insurance			
		None of bill	Any part of bill		
			Less than 1/2	1/2 - 3/4	3/4 or more
65 and over	100.0	48.8	9.0	11.9	30.3
1 - 5 days ...	100.0	48.9	10.1	11.5	29.4
6 - 14	100.0	46.4	8.6	11.9	33.1
15 - 30	100.0	49.8	9.2	11.0	30.0
31 or more days.	100.0	54.7	8.1	15.8	21.4
Under 65	100.0	30.0	4.9	11.2	53.8
1 - 5 days ...	100.0	31.6	4.6	11.1	52.7
6 - 14	100.0	25.1	5.3	11.7	57.9
15 - 30	100.0	28.2	5.2	12.3	54.4
31 or more days.	100.0	49.1	7.2	8.7	34.7

SOURCE: U. S. Department of Health, Education, and Welfare, Public Health Service, National Health Survey. Proportion of Hospital Bill Paid by Insurance, Patients Discharged from Short-Stay Hospitals, United States, July 1958-June 1960. Health Statistics Series B - No. 30, November 1961, 50 pp.

A HOSPITAL USE STUDY revealed that (1) total hospital charges increase with age and (2) "out-of-pocket" expenditures for hospital care increase with age, with older persons paying a large proportion of such charges with no assistance from insurance.

In Michigan, in 1958, about one-fourth (24.8 percent) of those aged 65-69 and two-fifths (39.8 percent) of those aged 70 and older paid their own bills. Only 64.3 percent and 39 percent of the cases, respectively, had any insurance to help defray bills averaging around \$400.

HOSPITAL INPATIENT CASES, MICHIGAN 1958

Age group	Average hospital bill	Percent of cases with insurance paying some or all of bill	Percent of cases in which total bill was paid by patient alone	Percent of cases in which patient paid some or all of bill	Average percent of bill paid by patient alone or in part
25 - 44 ..	\$215	76.7	13.6	55.6	28.7
45 - 64 ..	359	78.1	12.2	64.0	27.7
65 - 69 ..	406	64.3	24.8	73.1	46.6
70 and over	399	39.0	39.8	71.9	65.1

SOURCE: U. S. Senate, Special Committee on Aging. Basic Facts on the Health and Economic Status of Older Americans. (Committee Print). 87th Congress, 1st Session, June 2, 1961, p. 13.

COMBINED PUBLIC AND PRIVATE expenditures for medical care of the aged, in 1960, were estimated at about \$5 billion out of a total of \$24.5 billion for medical care for the entire Nation. Thus approximately \$1 out of every \$5 of the Nation's bill for personal medical care services is going for the care of someone aged 65 or older. Yet only 1 person in 11 falls in this age group.

Like other low-income groups, the aged receive some of their care at public expense. Of the public funds spent for civilian patient care, probably close to \$1.50 out of every \$5 goes to pay for an aged patient.

ESTIMATED TOTAL EXPENDITURES FOR MEDICAL CARE
OF THE AGED, 1960

<u>Source of funds</u>	<u>Amount</u> (Millions)
Total	<u>\$5,045</u>
Private	3,715
Personal ^{1/}	3,615
Philanthropy	100
Public	1,330
Public Assistance	455
Veterans Administration	265
Other	610

^{1/} Includes expenditures on an individual's behalf
by relatives or friends and by health insurance.

SOURCE: U.S. Department of Health, Education, and
Welfare. Social Security Administration.
The Health Care of the Aged, 1962, p. 136.

A HEALTH INFORMATION FOUNDATION survey, conducted during 1957-58, revealed that persons aged 65 and over annually spent over twice as much for medical care as persons under 65. This represents only private expenditures of the noninstitutional population -- excluding the high costs for terminal illnesses among aged persons living alone at time of death; the costs of care in nursing homes, mental or tuberculosis hospitals and other institutions (much of which is publicly-financed); and care provided at no charge. It is estimated that if allowance were made for these exclusions, the per capita medical care expenditures by all persons 65 and over would have risen to \$187.

For persons aged 65 and over, about 28 percent of their total medical bill was for hospital care; 31 percent for physicians' services; and 24 percent for drugs and medications.

PRIVATE EXPENDITURES FOR MEDICAL CARE PER PERSON, 1957-58

<u>Type of service</u>	<u>Per person 65 and over</u>		<u>Per person under 65</u>	
	<u>Amount</u>	<u>Percent</u>	<u>Amount</u>	<u>Percent</u>
Total ^{1/}	<u>\$177</u>	<u>100</u>	<u>\$86</u>	<u>100</u>
Physicians.....	55	31	29	34
Hospitals.....	49	28	19	22
Drugs.....	42	24	18	21
Dentists.....	10	6	14	16
Other ^{2/}	21	12	6	7

^{1/} Excludes expenditure for nursing home care.

^{2/} Special nurses in hospital or at home, optometrists and other health personnel, eyeglasses and other appliances, ambulance fees, nonhospital diagnostic procedures.

SOURCE: Health Information Foundation. Family Expenditure Patterns for Personal Health Services, 1953 and 1958. Research Series, No. 14, 1960, 68 pp; U.S. Department of Health, Education, and Welfare, Social Security Administration. The Health Care of the Aged, 1962, p. 34.

MEDICAL COSTS HAVE RISEN more than any other expenditure category, according to the U.S. Department of Labor Consumer Price Index.

Using 1957-59 prices as a base, 1961 medical care prices increased 11.3 percent, compared with a 4.2 percent increase during the same period for all commodities, including medical care items.

CONSUMER PRICE INDEX, 1950-61
(1957-59 = 100)

<u>Item</u>	<u>1957-59</u>	<u>1950</u>	<u>1955</u>	<u>1960</u>	<u>1961</u>
All items	<u>100</u>	<u>83.8</u>	<u>93.3</u>	<u>103.1</u>	<u>104.2</u>
Medical care	100	73.4	88.6	108.1	111.3
Food	100	85.8	94.0	101.4	102.9
Apparel	100	91.5	96.7	102.1	102.8
Housing	100	83.2	94.1	103.1	103.9
Transportation	100	79.0	89.7	103.8	105.0
Personal care	100	78.9	90.0	104.1	104.6
Reading and recreation	100	89.3	92.1	104.9	107.2
Other	100	82.6	94.3	103.8	104.6

SOURCE: U.S. Department of Health, Education, and Welfare, Office of the Secretary. Health, Education, and Welfare Indicators, November 1962, p. 28.

THE INDEX OF MEDICAL CARE prices reached a record high of 114.7 (1957-59 = 100) during the third quarter of 1962. Since the base period, 1957-59, the price of hospitalization insurance has increased 38 percent; hospital daily service charge, 31 percent; and physicians' fees, 12 percent.

MEDICAL CARE PRICES, 1940-62 ^{1/}
(1957-59 = 100)

<u>Item</u>	<u>1940</u>	<u>1950</u>	<u>1955</u>	<u>1960</u>	<u>1962</u> ^{1/}
All medical care	<u>50.3</u>	<u>73.4</u>	<u>88.6</u>	<u>108.1</u>	<u>114.7</u>
Physicians' fees					
All	54.5	76.0	90.0	106.0	112.4
Obstetrical	43.6	67.7	90.8	105.0	111.1
Surgeon's	60.1	84.9	94.6	105.0	-
Hospital daily service charge	25.4	57.8	83.0	112.7	131.0
Insurance					
Hospitalization	-	-	80.1	120.9	137.7
Surgical	-	-	-	102.3	108.0
Dentists' fees	53.5	81.5	93.1	104.7	108.6
Prescriptions and drugs	69.3	86.6	92.7	102.3	98.9
Optometric examination and eyeglasses ...	70.8	89.5	93.8	103.7	108.5

^{1/} Represents 3d quarter of 1962.SOURCE: U.S. Department of Health, Education, and Welfare, Office of the Secretary. Health, Education, and Welfare Indicators, December 1962, p. 13.

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